N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 28 19

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 30595

Township — Primary Registration District No. 1001 — Registered No. 958

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Frank Armstrong Boder,

(a) Residence, No. 2649 Frederick Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1887

7. AGE: YEARS 44 — MONTHS 7 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker, Executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank, Trust Co.

10. Date deceased last worked at this occupation (month and year) Sept. 1931.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anthony, Kansas,

FATHER

13. NAME Louis Boder,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

MOTHER

15. MAIDEN NAME Fannie Mildred, Quimby,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie du Sac Wisconsin,

17. INFORMANT Bartlett Boder (ADDRESS) 2649 Frederick Avenue,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Mora Cem DATE Sept. 18, 1931

19. UNDERTAKER Vernon BeGole & Bowman (ADDRESS) 319 S. 10th. St. Funeral Home

20. FILED 9-17, 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931, to Sept 16, 1931

I last saw him alive on Sept. 16, 1931. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Meningitis	9-14-31
Otitis media Left	9-1-31
Sinusitis, Left Frontal &	9-6-31
maxilary Left	9-12-31
non epidemic	

89A
104B
77A

Other contributory causes of importance:

Name of operation Paracentesis left ear drum. Date of 9-3-31

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. M. Shores, M. D.

(Address) 317 Kirkpatrick Bldg, St Joseph, Mo.