

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

Do not use this space.

36711

1. PLACE OF DEATH

County North
Township Witchell
City Grand City (No. _____)

Registration District No. 903
Primary Registration District No. 6212

File No. _____
Registered No. 76
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Clara Boll

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

Jan. 11, 1860

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>9</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer. Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Polk, Kansas

10. NAME OF FATHER

Michael Boll

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Sarah Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT Mrs. Clara Boll
(Address) Grand City, Mo.

15.

FILED 10-28, 1931 John Andrew
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-26-31

17. HEREBY CERTIFY, That I attended deceased from Oct-26-31 to Oct-26-31, 1931, that I last saw him alive on Oct-26-31, 1931, and that death occurred, on the date stated above, at 8:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

CONTRIBUTORY (SECONDARY) Hypertension
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH DATE OF 0

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Specimen Studied
(Signed) J. H. ..., M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Witchell Cemetery 10/28/31

20. UNDERTAKER

ADDRESS

Arch C. Duffel Grand City

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.

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