WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 21 1932

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

Do not use this space.

3622

File No.
Registered No. 37

1 2 7

1. PLACE OF DEATH
County Cedar
Registration District No. 4
Township
Primary Registration District No. 9001
City Kirbyville (No. , St. Ward)

2. FULL NAME Martha Boggs

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

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

7. AGE: YEARS 50 | MONTHS | DAYS | If LESS than 1 day, hrs. or min.
Unknown

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Mae Jackson
(ADDRESS) Kirbyville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Co. Cemetery DATE 2-23- 1932

19. UNDERTAKER Dee Riley
(ADDRESS) Kirbyville Mo

20. FILED Mar 7 1932 Mrs C H Becker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 20 1932 to Feby 20 1932
I last saw h... alive on Feby 20 1932 Death is said to have occurred on the date stated above, at 1305 m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2-20
32A

Other contributory causes of importance

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

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?
If so, specify
(Signed) C. M. C. Willcox, M. D.
(Address) Kirkville Mo