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.

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

Do not use this space.

4635

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 2002 — Registered No. 483

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Paul Boydston.

(a) Residence, No. St., X Ward. Edgerton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinary 218

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) Platte County Missouri 1

FATHER

13. NAME Henry Boydston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattec County Missouri

MOTHER

15. MAIDEN NAME Josephine Frields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2

17. INFORMANT (ADDRESS) Alvin Boydston Smithville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Camden Point Mo DATE Feb. 8 1932

19. UNDERTAKER (ADDRESS) Morticians Service Co. 819 East 31

20. FILED 2/7 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7 1932

22. I HEREBY CERTIFY that I attended deceased from Deputy Coroner, 19..., to ..., 19...

I last saw h..... alive on ..., 19.... Death is said to have occurred on the date stated above, at ....m.

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

accidental 3d degree Burn — No conflagration — 181

Date of onset

Other contributory causes of importance: Burned in our home — 181

Name of operation ..... Date of .....

What test confirmed diagnosis autopsy Was there an autopsy? yes

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) Stanley M Hall, M. D.

(Address) Deputy Coroner