

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

Do not use this space.

**7900**

**1. PLACE OF DEATH**

29 County Dade Registration District No. 237  
3 Township Centerville Primary Registration District No. H. 144  
2 City Greenfield (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Emma A. Boisseau

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. D. Boisseau  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 - 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife  
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) Iowa 20

FATHER 13. NAME Abel Gilliland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Kathryn Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo

17. INFORMANT (ADDRESS) R. J. Pennington  
White Rock Colo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield DATE Mar 24 1932

19. UNDERTAKER (ADDRESS) J. W. Ward  
Greenfield Mo

20. FILED 6-1 1932 E. C. Ball  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932 to March 22, 1932  
I last saw him alive on March 22, 1932. Death is said to have occurred on the date stated above, at 1 P. M.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
138  
87

Other contributory causes of importance:  
chronic glomerular  
nephritis (1)

Name of operation 131 Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ 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) H. O. Cowan, M. D.  
(Address) Greenfield Mo

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.

MAY 24 1932

