

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

Do not use this space.

8346

919

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township _____ Primary Registration District No. _____
City Kansas City, Mo. No. 1929 Myrtle Ave.

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

2. FULL NAME

Austin Boulden
(a) Residence. No. 1929 Myrtle Ave. St. 12 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 Male 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 Maggie Boulden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16 - 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>63</u>	<u>11</u>	<u>18</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Nite Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) John Taylor 182 Dry Goods. Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas 2
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Boulden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY)

14. INFORMANT Mrs Maggie Boulden
(Address) 1929 Myrtle Ave

15. FILED 3/5/32 m. m. Cooney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 4 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan - 10 - 1932, to Mar - 4 - 1932 that I last saw h. a. alive on Jan - 8 - 1932, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Embolism
9/32
J. H. B. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no _____

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

3/5/1932 (Address) 1924 Poplar St.

*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 Woods. Chapel near Pittsville DATE OF BURIAL March 6 1932
ADDRESS _____

20. UNDERTAKER Rose + Henderson 15 + Jackson

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.

