

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

Vallard
Do not use this space.
22612

1. PLACE OF DEATH

42 County Henry Registration District No. 349
Township Deer Creek Primary Registration District No. 5499
City Lewis Sta. (No. _____ St. _____ Ward _____)

2. FULL NAME Erasmus F. Boatright

(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 Male	4. COLOR OR RACE Caucasian	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Boatright		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-10-1856		
7. AGE	YEARS	MONTHS
	75	7
		DAYS
		12
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	
	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.
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otterville Missouri	
	13. NAME Charles F. Boatright	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia	
	15. MAIDEN NAME Sarah Frances Butler	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otterville Missouri		
17. INFORMANT Mrs. Fred Dalton (ADDRESS) Lewis Sta. Missouri		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE 7-25-1932		

19. UNDERTAKER (ADDRESS) **Sims Funeral Home Clinton, Missouri**
20. FILED July 24, 1932 Miss R. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1932
22. I HEREBY CERTIFY that I attended deceased from July 18, 1932 to July 21, 1932
I last saw him alive on July 18, 1932. Death is said to have occurred on the date stated above, at 10:42 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Date of onset July 18, 1932
Other contributory causes of importance: 10

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? no
If so, specify _____
(Signed) A. J. Ballard M. D.
(Address) Clinton, Missouri

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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