

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

Callard
Do not use this space.
22612
File No.
Registered No. **20** Ward)

1. PLACE OF DEATH

County **Henry**
Township **Deer Creek**
City **Lewis Sta.** (No. St. Ward)

Registration District No. **349**
Primary Registration District No. **5499**

2. FULL NAME **Erasmus F. Boatright**

(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 **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 DAYS If LESS than 1 day, hrs. or min.
75 7 12

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

12. BIRTHPLACE (CITY OR TOWN) **Otterville** (STATE OR COUNTRY) **Missouri**

13. NAME **Charles F. Boatright**

14. BIRTHPLACE (CITY OR TOWN) **West Virginia** (STATE OR COUNTRY)

15. MAIDEN NAME **Sarah Frances Butler**

16. BIRTHPLACE (CITY OR TOWN) **Otterville** (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Mrs. Fred Dalton** (ADDRESS) **Lewis Sta. Missouri**

18. BURIAL, CREMATION, OR REMOVAL **Sedalia** PLACE DATE **7-25-1932**

19. UNDERTAKER **Sims Funeral Home** (ADDRESS) **Clinton, Missouri**

20. FILED **July 24, 1932** **Miss A. H. 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
97 97
Other contributory causes of importance:
1

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. H. Callard** 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.

AUG 24 1932

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