

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

Do not use this space.

34231

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township St. Louis Mo. Primary Registration District No. Sanitarium  
City St. Louis Mo. (No. Sanitarium) St. Sanitarium Ward

File No.....  
Registered No. 9591  
St. Sanitarium Ward

**2. FULL NAME**

William Boggy Sr.  
(a) Residence, No. 319 Antelope St. 13 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>2</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
10. Date deceased last worked at this occupation (month and year) unknown  
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT W.F. McClame M.D.  
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE balcony basement DATE Oct. 31, 1932

19. UNDERTAKER John A. Besterman  
(ADDRESS) 5077 Grand Ave.

20. FILED OCT 29 1932 Ray C. Standley Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27th 1932

22. Oct. 17th 1932, to Oct. 27th 1932  
HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Oct 27th 1932 Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Diagnosis	Date of onset
<u>7 Clinic Myocarditis</u>	<u>10/17/32</u>
<u>2 arterio-sclerosis</u>	<u>10/17/32</u>
Other contributory causes of importance: <u>Senility</u>	<u>10/17/32</u>

Name of operation 73 Date of 10/17/32  
What test confirmed diagnosis? clinical 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?  
If so, specify William F. McClame, M.D.  
(Signed) \_\_\_\_\_ (Address) 5400 Arsenal St.

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.

Stentor

