

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.

JAN 9 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36826

1. PLACE OF DEATH

91 County Osage
 Township Norris
 City _____ (No. _____)

Registration District No. 750
 Primary Registration District No. 5991

File No. 11
 Registered No. 1124
 St. _____ Ward _____

2. FULL NAME

William Harrison Boster
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annice Glockengieser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-24-1861</u>		
7. AGE <u>Sept 71</u>	YEARS <u>2</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self</u>
10. Date deceased last worked at this occupation (month and year) <u>1929</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co. Missouri</u>		
13. NAME <u>Jacob L. Boster</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Anderson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Chas Boster</u> (ADDRESS) <u>Douglas mo. R. 1. So.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>New Hope Cem</u> PLACE <u>DATE 12-8-32</u>		
19. UNDERTAKER <u>Jordan</u> (ADDRESS) <u>Douglas mo.</u>		
20. FILED <u>11/30 32 E. B. Johnston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov-29</u> , 19 <u>32</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>10/1</u> , 19 <u>32</u> , to <u>11/29</u> , 19 <u>32</u> I last saw him alive on <u>11/21</u> , 19 <u>32</u> . Death is said to have occurred on the date stated above, at <u>6:45 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>93C</u> <u>Chronic myocarditis</u> Other contributory causes of importance: <u>① 93C</u> Name of operation <u>Renal</u> Date of <u>_____</u> What test confirmed diagnosis? <u>Renal</u> Was there an autopsy? <u>_____</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>_____</u> Date of injury <u>_____</u> , 19 <u>_____</u> Where did injury occur? <u>_____</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>_____</u> Manner of injury <u>_____</u> Nature of injury <u>_____</u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>clifford soforth</u> (Signed) <u>Douglas mo.</u> M. D. (Address) <u>_____</u>

