

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

Do not use this space.

3346

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 100103  
City Solons (No. Bethesda Hospital)

File No. ....  
Registered No. 245  
St. .... Ward)

**2. FULL NAME**

Maud C. Boggiano  
(a) Residence, No. 3411 1/2 Chippewa St. 16 Ward.

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 22 - 1875</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>8</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Homework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leeds, Mass</u>		
MOTHER / FATHER	13. NAME	<u>Herman F. Fisher</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Vermont</u>
	15. MAIDEN NAME	<u>Martha Reed</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>N. Y.</u>
17. INFORMANT (ADDRESS)	<u>Mrs William Sturridge 7428 Cornell av</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Cady Cem.</u>	DATE <u>Jan 9 - 33</u>
19. UNDERTAKER (ADDRESS)	<u>Reitz Bros 302 1/2 Lafayette St</u>	
20. FILED	<u>JAN 10 1933</u>	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 9th 1932 to Jan 6 1933

I last saw her alive on Jan 5 1933 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:  
Peripheral Neuritis - Multiple involving cranial nerves - cerebral network, Respiratory death.

Other contributory causes of importance:  
87A 87W

Name of operation ..... Date of .....  
What test confirmed diagnosis ..... Was there an autopsy? Yes

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 a condition of deceased?  
If so, specify Arteriosclerosis  
(Signed) H. O. Baker M. D.  
(Address) Solons - Mo.

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.

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Registrar.

