

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

Do not use this space.

8230

**1. PLACE OF DEATH**

County Chariton  
Township Chariton  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 175  
Primary Registration District No. 5348

File No. \_\_\_\_\_  
Registered No. 18

**2. FULL NAME**

Albert Boudelier

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred life 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 17, 1910</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>1</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation _____
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) <u>at time of death</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leola County Mo.</u>		
13. NAME <u>Engene Boudelier</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Bertha Gebhardt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Engene Boudelier</u> (ADDRESS) <u>Forest Green Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem Cemetery</u> DATE <u>April 1, 1934</u>		
19. UNDERTAKER <u>Wahlmeyer &amp; Caudley</u> (ADDRESS) <u>Glasgow Mo.</u>		
20. FILED <u>1/3</u> , 19 <u>34</u> <u>J. W. Howland</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
Did not see him alive  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:  
Drowning  
2150  
213  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset 3-30-34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Placenta Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 3-30, 1934  
Where did injury occur? Chariton Creek, Chariton, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
at a creek near home  
Manner of injury Drowning - boat overturned  
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. H. Adams M.D.  
(Address) Shelburny Mo.

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.

