MAY 25 1934

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

Do not use this space.

File No. 8762

Registered No. 4

1. PLACE OF DEATH

County Howell 48

Township ~~South Fork~~ Boston

City South Fork, Mo.

Registration District No. 386

Primary Registration District No. 5538

St. ... Ward)

2. FULL NAME Dora May Boas

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

4. COLOR OR RACE Whit

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED HUSBAND OF~~ (OR) WIFE OF Child of Arthur Boas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1934

7. AGE — YEARS ... MONTHS ... DAYS 10 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant-

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) (STATE OR COUNTRY) South Fork, Mo.

FATHER

13. NAME Arthur Boas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Fork, Mo

MOTHER

15. MAIDEN NAME Alice May Wallin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Fork, Mo.

17. INFORMANT Arthur Boas
(ADDRESS) South Fork, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE South Fork DATE 3/10 1934

19. UNDERTAKER ✓
(ADDRESS) ✓

20. FILED 3 14 1934 J. D. Black Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:30 P.m.

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

Inanition and cold

159
1017
150

159

Other contributory causes of importance:

Premature — (6 months)

Name of operation none 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? ✓

If so, specify ✓

(Signed) R. A. Sparks, M. D.

(Address) West Plains, 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.

10M-11-24-33