

NOV 13 1934

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

Do not use this space.

37318

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **Barnes Hospital**) St. Ward

File No.
Registered No. **9723**
St. Ward

2. FULL NAME **Frederick Raymond Bouldin**

(a) Residence, No. St. **7R** Ward. **Columbia Mo.**
(Usual place of abode) (If nonresident, give city or town and State)
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 **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 **Grace Bouldin**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 15 - 1874**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	59	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman**
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) **Kansas**

13. NAME **A.M. Bouldin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

15. MAIDEN NAME **Martha Witt**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT **Grace Bouldin** (ADDRESS) **Columbia Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Troy Mo** DATE **Oct 5 1934**

19. UNDERTAKER **Albert H. Happe Inc** (ADDRESS) **429 N. Campbell Ave.**

20. FILED **CT - 1 1934** **J. Bredert** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10 - 2 - 1934**

22. I HEREBY CERTIFY, That I attended deceased from **10 - 2 - 1934**, to **10 - 2 - 1934**

I last saw him alive on **10 - 2 - 1934**. Death is said to have occurred on the date stated above, at **10:55 P.M.**

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

53. Malignant tumor of mediastinum
477

Date of onset

Other contributory causes of importance:

Name of operation 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) **C. S. Drayer** M. D.
(Address) **600 S. Knightsburg**

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.

1934

