

JAN 18 1935

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

Do not use this space.

42698

1. PLACE OF DEATH

49 County Grundy Registration District No. 329  
Township Wilder Primary Registration District No. 5455  
City Fairfax (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jessie Boston

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 <u>M</u>	4. COLOR OR RACE <u>W</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>Effie Boston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1955 - -</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>		
10. Date deceased last worked at this occupation (month and year) <u>-</u>		11. Total time (years) spent in this occupation <u>-</u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cutrans, com.</u>
	13. NAME <u>Sam Boston</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Clancy Vestell</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>-</u>
	17. INFORMANT <u>Arta Boston</u> (ADDRESS) <u>Jaredo, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richardson</u> DATE <u>12-18</u> 19 <u>34</u>
	19. UNDERTAKER <u>E. J. Robertson</u> (ADDRESS) <u>Jaredo, Mo.</u>
20. FILED <u>1-5-</u> 19 <u>35</u> <u>J. C. Humphrey</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1934, to 12-14, 1934

I last saw him alive on 11-29, 1934. Death is said

to have occurred on the date stated above, at 6 A.M.

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

Carcinoma of  
urinary bladder,  
51B

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 \_\_\_\_\_ 1934

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) Ray J. Jones M. D.

(Address) Richardson, 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.

