

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

Do not use this space.

JUN 3 1935

13953

1. PLACE OF DEATH

County Salaski

Registration District No. 711

Township Union

Primary Registration District No. 5-942

City Union

(No. 1)

St. Mo. Ward 1

2. FULL NAME Charles Boussman

(a) Residence, No. 1 St. 1 Ward. 1

(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 Lachill Boussman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/25/1851

7. AGE YEARS 83 MONTHS 6 DAYS 28 IF LESS than 1 day, hrs. min.

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

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) Virginia

13. NAME Philip Boussman

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

15. MAIDEN NAME Elizabeth Potte

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

17. INFORMANT (ADDRESS) Joseph Boussman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union DATE Apr. 24 1935

19. UNDERTAKER (ADDRESS) Fred A. Lickert

20. FILED f-29 1935 A. S. Lickert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21 1935, to 4/23 1935

I last saw him alive on April 23 1935 Death is said to have occurred on the date stated above, at 9 p. m.

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

Dilatation of Heart.
Comp. by Arteriosclerosis

Other contributory causes of importance:
Comp. by of Entere
Ra by

Name of operation

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) S. S. Lickert M. D.

(Address) Union Mo

