

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

Do not use this space.

15707

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 024 Prospect)

File No.

Registered No. 497

St. _____ Ward)

2. FULL NAME

Eunice Helen Boland

(a) Residence, No. 624 Prospect Avenue 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. 7 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Boland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1861

7. AGE YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>
	10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this life occupation life

12. BIRTHPLACE (CITY OR TOWN) Afton
(STATE OR COUNTRY) Iowa

13. NAME Nathaniel Thompson

14. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sarah Shepherd

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

17. INFORMANT Fred C. Boland
(ADDRESS) 1524 South 22d Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Afton, Iowa DATE May 2, 1935

19. UNDERTAKER Walter Meinhoffer
(ADDRESS) 1302 Ferson Street

20. FILED 5-1-35 1935
John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1935, to April 29, 1935

I last saw h. ex. alive on April 29, 1935. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Cardiac Dilatation
Carcinoma of the colon

Date of onset <u>Feb 14</u>

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Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____

(Signed) P. P. Walker, M. D.

(Address) Mersey Hospital
St. Joseph, Missouri

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.

