

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.

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

Do not use this space.

OCT 22 1935

29208

1. PLACE OF DEATH

County Masconade
Township Canaan
City Beulah (No.)

Registration District No. 305
Primary Registration District No. 3022

File No.
Registered No. 37
St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 8 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)

5A. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF
(OR) WIFE OF Lee Ann Boston

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
84 X X

OCCUPATION 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. Aug 24-35
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co.

13. NAME Joshua Boston

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

15. MAIDEN NAME Sarah Weismann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield Kentucky

17. INFORMANT Jos. M. Boston (ADDRESS) Beulah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beulah DATE 9/18 1935

19. UNDERTAKER E. J. Meyer (ADDRESS) Beulah Mo.

20. FILED 10-15 1935 J. J. Farrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3 1935

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1936, to September 2, 1936. I last saw him alive on Aug. 25, 1936. Death is said to have occurred on the date stated above, at 11:25 p.m. The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Obstruction
Refused medical treatment after September 2, 1935
Other contributory causes of importance: Summer flu.

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? yes

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) W. P. Fitzgerald, M. D. (Address) Beulah

