JUN 23 1936

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 39492
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 3237 Cleveland Avenue St. Ward)

2. FULL NAME Thomas NEHEMIAH Board
(a) Residence, No. 3235 Cleveland 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. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Della Fowler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1858

7. AGE — YEARS 77 (77-0-22) — MONTHS 0 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Kentucky

FATHER
13. NAME John W. Board
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) E. E. Board 3235 Cleveland

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Appleton Cy., Mo. DATE 12-8- 1935

19. UNDERTAKER (ADDRESS) Stine & McClure Undertaking Co. 3235 Gillham Plaza

20. FILED Dec 6 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1935, 19..., to Dec 6, 1935
I last saw him alive on Dec 6, 1935 Death is said to have occurred on the date stated above, at A m. 4:30
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nov 21, 1935 - Cerebral Hemorrhage	

Other contributory causes of importance: Hypostatic Pneumonia 5 days Duration

Name of operation None - Date of
What test confirmed diagnosis? Physical Examination 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) Melton B. Casebolt, M. D.
(Address) 1207 Kialto Bldg K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-3-28-35

[illegible]

[illegible]

Res - 5710 [illegible]