

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.

JAN 16 1936

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

Do not use this space.

40059

1. PLACE OF DEATH

County Knox
Township Myrtle
City Myrtle (No. _____)

Registration District No. 444
Primary Registration District No. 5603

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Mamie Boltz
(Name of)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1884

7. AGE YEARS 51 MONTHS 2 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Knox Co Mo
(STATE OR COUNTRY)

13. NAME Franklin Boltz

14. BIRTHPLACE (CITY OR TOWN) Knox Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Annie Sage

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

17. INFORMANT Dorothy Boltz
(ADDRESS)

18. BURIAL, CREMATION, OR RECEPTION
PLACE Plumtree Ridge DATE Dec 24 1935

19. UNDERTAKER H. J. Seeger
(ADDRESS) Knox City Mo

20. FILED Dec 23 1935 JR Northcutt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1935, to Dec 22 1935

I last saw him alive on Dec 21 1935 Death is said to have occurred on the date stated above, at 4 a m.

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

Paraplegia.
He fell from a building
13 feet high and
injured his spine

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 _____, 1935

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) JR Northcutt M. D.
(Address) Knox City Mo

1. The purpose of this document is to provide a comprehensive overview of the current status of the project and to identify the key areas that require further attention. The information presented herein is based on the most recent data available and is intended to serve as a guide for decision-making.

2. The project has made significant progress since the last report, with several key milestones being achieved. However, there are still a number of challenges that must be addressed in order to ensure the successful completion of the project. The following table provides a summary of the current status of the project and identifies the key areas that require further attention.

Area	Current Status	Key Areas for Attention
Project Management	On track	Resource allocation, timeline management
Technical Development	Significant progress	Integration of new technologies, testing and validation
Financial Management	Within budget	Cost control, budget review
Communication	Effective	Stakeholder engagement, reporting

3. The project team is committed to ensuring the successful completion of the project and to providing the highest quality of service to our stakeholders. We will continue to monitor the progress of the project and to identify and address any issues that arise. We will also continue to engage with our stakeholders and to provide them with regular updates on the progress of the project.

4. The project team is confident that we will be able to achieve our goals and to provide a high-quality product to our stakeholders. We will continue to work hard to ensure the successful completion of the project and to provide the highest quality of service to our stakeholders.