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

FEB 20 1936

Do not use this space.
Under
2439

1. PLACE OF DEATH
County: Pettis
Registration District No.: 668
Township:
Primary Registration District No.: 3032
City: Sedalia (No. Bothwell Hosp. St. Ward)

File No.: 12
Registered No.: 668

2. FULL NAME: Harris Ritchey Bouldin
(a) Residence, No.: Hughesville 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Kathleen Bouldin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14 - 1886

7. AGE: Years 49 | Months 5 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

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.:
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): Missouri

FATHER
13. NAME: David W. Bouldin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Eliza Ritchey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: S. H. De Mull
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 1-12-1936

19. UNDERTAKER: McLaughlin Bros
(ADDRESS): Sedalia Mo

20. FILED: 1-11-1936 Jean Clacke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10th 1936.

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1936 to 1-10-1936
I last saw him alive on 1-10-1936. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza + Pneumonia	

Other contributory causes of importance:
Frail Constitution

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, 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) A. G. Campbell, M. D.
(Address) Sedalia, Mo.