

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.

APR 24 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2656-1

1. PLACE OF DEATH

County MadisonRegistration District No. 750Township DwightPrimary Registration District No. 4451City Walter James Boshears

(No)

File No. 14Registered No. 1867

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Male</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 <u>Amie Engelken</u>
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-15-1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>38</u>	<u>5</u>	<u>-</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Missouri13. NAME Rhodney Boshears14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Margaret Catherson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Wm. Boshears
(ADDRESS) Wm. Boshears18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 1-17-3619. UNDERTAKER Jordan
(ADDRESS) Wm. Boshears20. FILED 1-20-36 C. B. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-1936, 19

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1936, to January 15, 1936.
I last saw h. alive on January 15, 1936. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

Basal skull fracture
1
Date of onset 1-11-36

Other contributory causes of importance:

Struck on highway by auto
1
1

Name of operation none Date of _____
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1-11-1936
Where did injury occur? Dwight, Missouri
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

in highway
Manner of injury struck by auto
Nature of injury basal skull fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no
(Signed) W. E. Harkness, M. D.
(Address) Dwight

JUN 4 1944