

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

Do not use this space.

MAY 19 1936

1. PLACE OF DEATH

County Jackson  
Township Lean  
City Kansas City (No. 756 General Hosp)

Registration District No. 300  
Primary Registration District No. 1002

File No. 15165  
Registered No. 1876  
St. 1876 Ward

2. FULL NAME Clarence Board

(a) Residence, No. 1528 Cherry St., Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lucy Board

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 - 1865

7. AGE YEARS 70 MONTHS 3 DAYS 22 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Columbus (STATE OR COUNTRY) Indiana

13. NAME George Board

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Josephine

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

17. INFORMANT Reverend (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Apr 10 1936

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 2041 N. Lincoln

20. FILED 4-9 1936 M.M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1936, to 4-8 1936

I last saw him alive on 4-5 1936 Death is said to have occurred on the date stated above, at 2:00 AM

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

Hypertension, Cardiac Hypertrophy

9562

Other contributory causes of importance: Chronic Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify

(Signed) J. J. [Signature], M. D.  
(Address) 2041 N. Lincoln

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.

