

JUN 26 1936

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

Do not use this space.

20552

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City Baden, Mo. (No. Route #15 Baden Station St. _____ Ward)

File No. _____

Registered No. 99

2. FULL NAME Mary Elizabeth Boston

(a) Residence, No. Route #15 Baden Station, _____ 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 Female 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 Nicholas Poston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16th, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Ky.

FATHER 13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Ky.

MOTHER 15. MAIDEN NAME Don't Know

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

17. INFORMANT Mrs. Nettie Koetter
(ADDRESS) Route #15 Baden Station

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE 5/23/36, 1936

19. UNDERTAKER Transp. Und. Co.
(ADDRESS) 3710 N. Grand Blvd

20. FILED 5/21, 1936 W. A. Zetler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 33, 1936, to May 20, 1936
I last saw h. alive on May 16, 1936. Death is said to have occurred on the date stated above, at 8:55 a.m.
The principal cause of death and related causes of importance were as follows:

Chc. Myocarditis
Senility

Date of onset

Other contributory causes of importance

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 1936

Where did injury occur? _____ (S. ecify 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) W. H. Payne, M. D.

(Address) 5738 W. Pleasant

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.

Wm. C. ... 11-1 50 PM
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