

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.

JUN 5 1936

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

Do not use this space.

21060

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital No. 1**)

File No.....
Registered No. **5266**
St. Ward)

2. FULL NAME **Walter Lee Boggs**

(a) Residence, No. **4024a Folsom** St., **17** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

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 **Katherine Boggs**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 12, 1885**

7. AGE YEARS **50** MONTHS **7** DAYS **5** If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **PWA**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **James H. Boggs**

14. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Shephard**

16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Katherine Boggs** (ADDRESS) **4024a Folsom**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **May 20** 19**36**

19. UNDERTAKER **A. W. McLaughlin** (ADDRESS) **2301 Lafayette Ave**

20. FINDER **MAY 18 1936** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17, 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **12:15 P.M.**
The principal cause of death and related causes of importance were as follows:

Menenteric Thrombosis
at first part of ileum in gut area.

Other contributory causes of importance: **99**

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) **Harold P. King** M. D.
(Address) **Dep for**

