

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.

JUL 20 1936

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

Do not use this space.

22425

1. PLACE OF DEATH

County

Township

City

Barde
South sec

Registration District No.

Primary Registration District No.

1109

5333

File No.

Registered No.

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

Male

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

Fannie Boles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 17 1861

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day,hrs.

ormin.

75

1

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Merchant

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)

Illinois

FATHER

13. NAME

Thomas Boles

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

MOTHER

15. MAIDEN NAME

Don't know

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

17. INFORMANT

(ADDRESS)

Mrs. Frank Porterfield

Greenfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Melvern Iowa June 29 1936

19. UNDERTAKER

(ADDRESS)

Will Mase

Oa Deville, Mo

20. FILED

June 22 1936

Winnie King Ross

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 19 1936

22. I HEREBY CERTIFY That I attended deceased from

May 1 1936 to June 19 1936

I last saw him alive on May 15 1936 Death is said

to have occurred on the date stated above, at 4:45 p.m.

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

Date of onset

Old age and

General debility

Other contributory causes of importance:

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

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) Q. V. Hembree

(Address) Greenfield, Mo.

