

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

Whitacre
Do not use this space.

1. PLACE OF DEATH

County Knox
Township Shenandoah
City Baring (No.)

Registration District No. 439
Primary Registration District No. 5596

27127
File No.
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. Louisa Boswell 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 Female 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 James M. Boswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26-1876

7. AGE YEARS 60 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife
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) Fort Worth (STATE OR COUNTRY) Texas

13. NAME William Fields

14. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah White

16. BIRTHPLACE (CITY OR TOWN) Hancock Co (STATE OR COUNTRY) Ohio

17. INFORMANT James M. Boswell (ADDRESS) Baring Mo

18. BURIAL CREMATION, OR REMOVAL PLACE Greensburg DATE July 31 1936

19. UNDERTAKER (ADDRESS) Memphis Mo

20. FILED Aug 1 1936 L. E. M. Whitacre Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 1935, to July 30 1936
That saw him alive on July 29 1936 Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Rectum Date of onset 1934

Other contributory causes of importance:

Name of operation Colostomy Date of July 1936
What test confirmed diagnosis? Cleptad Was there an autopsy? No

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? No
If so, specify

(Signed) E. M. Whitacre M.D.
(Address) Baring, Mo.

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.

