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.

OCT 21 1936

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

Do not use this space.

30734

1. PLACE OF DEATH
County: Howell — Registration District No. 384
Township: — Primary Registration District No. 4227
City: West Plains (No. ..., ... St. ... Ward)

File No.
Registered No.

2. FULL NAME: Mary Adeline Boles

(a) Residence, No. ... St., ... Ward. ... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: W ite
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: J. D. Boles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27, 1857

7. AGE: YEARS 80 | MONTHS 2 | DAYS 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY): Howell Co., Mo.

FATHER
13. NAME: Ramah Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: - - - Inman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs. Walter Doke
(ADDRESS): West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Lawn DATE: 8-16- 19 36

19. UNDERTAKER: Robertsons Mortuary
(ADDRESS): West Plains, Mo.

20. FILED: 8-16 19 36 Vida M. Simons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 13 19 36

22. I HEREBY CERTIFY, That I attended deceased from June 28, 19..., to August 13, 19 36
I last saw her alive on Aug. 10, 19 36. Death is said to have occurred on the date stated above, at 4:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Left Hemystegia	

Other contributory causes of importance:
General arteriosclosis

Name of operation ... Date of ...
What test confirmed diagnosis? exam 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. C. Bohner, M. D.
(Address) West Plains, Mo.