

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

Do not use this space.

33882

**1. PLACE OF DEATH**

County Cass

Registration District No. 149

File No. ....

Township Union

Primary Registration District No. 6213

Registered No. ....

City ..... (No. ....)

St. .... Ward)

**2. FULL NAME** Frank Boblett

(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 10 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Boblett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>65</u>	<u>7</u>	<u>10</u>	

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

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) Ohio

FATHER 13. NAME Eli Boblett

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

MOTHER 15. MAIDEN NAME Clairinda Cox

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

17. INFORMANT Mrs W. H. Quate (ADDRESS) Cleveland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Union Cemetery DATE 9/26 36

19. UNDERTAKER Rumranger (ADDRESS) Harrisonville Mo.

20. FILED Sept-25 1936 Lava M. Davis Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him ..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

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

Deceased last seen alive Sept 20-1936 following a severe attack of indigestion. Body was found the morning of Sept 24-1936, apparently dead. body had been dead at 3 to 7 days, and was in a bad state of decomposition.

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence, fall 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) E. M. Rumranger (Address) Harrisonville 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.

