SEP 23 1936

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

Do not use this space.

34239

1. PLACE OF DEATH

County Grundy — Registration District No. 329 — File No.

Township Wilson — Primary Registration District No. 5195 — Registered No.

City Laredo, mo. (No. , St. Ward)

2. FULL NAME Patton Martin Boston

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX W — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Anna B. Boston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17-1845

7. AGE YEARS 90 MONTHS 11 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Macon mo.

FATHER

13. NAME Samuel Boston

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

MOTHER

15. MAIDEN NAME Nancy Vestal

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

17. INFORMANT (ADDRESS) Anna B. Boston Laredo mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richardson Cem. Sept. 3 1936

19. UNDERTAKER (ADDRESS) E. J. Robertson Laredo, mo.

20. FILED Sept. 3 1936 J. C. Humphreys Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 2 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 9 1 st 1936, to 9 - 2 - 1936

I last saw him alive on 9 - 2 - 1936 Death is said to have occurred on the date stated above, at 4-45 a.m.

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

Chronic Nephritis — Date of onset

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Other contributory causes of importance: Enlargement of Prostate.

Name of operation none 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 , 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 none

(Signed) D. Thomas, M. D.

(Address) Laredo Mo

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.

10M-3-28-35