

JAN 9 1937

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

Do not use this space.

44305

1. PLACE OF DEATH
County Franklin Registration District No. 292
Township _____ Primary Registration District No. 4176
City Newbaven (No. _____) St. _____ Ward _____

2. FULL NAME Miss Sarah Boley
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19, 1857</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>-</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newbaven Mo</u>		
MOTHER	13. NAME <u>Charles C. Boley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newbaven Mo</u>	
	15. MAIDEN NAME <u>Susan Schowb</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newbaven Mo</u>	
17. INFORMANT <u>John Boley</u> (ADDRESS) <u>Washington 290</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Northway Cem</u> DATE <u>12-19-36</u>		
19. UNDERTAKER <u>L. B. Fertig & Son</u> (ADDRESS) <u>Newbaven Mo</u>		
20. FILED <u>Dec 17 1936</u> <u>Jeff Grawmann</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1936 to Dec. 16 1936
I last saw h. et. alive on Dec. 16 1936 Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Date of onset _____

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 _____, 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 W. F. Lumbert, M. D.
(Signed) _____ (Address) New Haven 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.

