

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.

JAN 22 1937

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

1 Dr. C. K. Ramsey  
Do not use this space.

45750

File No. 362  
Registered No. 688  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County Pettis Registration District No. 665  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Sedalia (No. 705 West 6th. St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2. FULL NAME

Leona Boggs Harris  
(a) Residence, No. 705 West 6th. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William H.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26, 1852</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>7</u>
	DAYS <u>18</u>	If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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) Mo.13. NAME Thomas C. Boggs14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Lavinia Kingsbury16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT H. R. Harris  
(ADDRESS) Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Crown Hill DATE Dec. 16, 193619. UNDERTAKER Gillespie Funeral Home  
(ADDRESS) Sedalia, Mo.20. FILED Dec 16, 1936 J. J. Black  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1936

22. I HEREBY CERTIFY, that I attended deceased from 36 to Dec 14 31  
I last saw her alive on Dec 14 26 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Coronary Thrombosis (Date of onset 12/14/36)  
Arterio-sclerosis  
Angina Pectoris (Age 36)

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy Yes23. 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? Yes  
If so, specify \_\_\_\_\_

(Signed) W. P. Beckman, M. D.  
(Address) Sedalia, Mo.

