

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.

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Lukes Hosp. St. _____ Ward)

File No. 6423

2. FULL NAME Fred J. Boller

(a) Residence, No. 3544 Highland St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie M. Boller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 0 12

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

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) Feb 1937 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Point Wis.

13. NAME Henry Boller

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

15. MAIDEN NAME Lizzie Hansen

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

17. INFORMANT Mrs. Katie M. Boller (ADDRESS) 3544 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Feb 15, 1937

19. UNDERTAKER W. Newcomer's Sons (ADDRESS) _____

20. FILED 2-13 37 W. M. Crowl Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1936, to 2-13, 1937

I last saw him alive on 2-13, 1937. Death is said to have occurred on the date stated above, at 9:25 m. A. M.

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

Cerebral sclerosis + embolism
Hypertension
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Ellis Dellulany, M. D.

(Address) 612 Prof Bldg

Prof Bldg