

MAR 22 1937

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

Do not use this space.

6919

## 1. PLACE OF DEATH

5-2 County Knott Registration District No. 439 File No. \_\_\_\_\_  
Township Greenburg Primary Registration District No. 5596 Registered No. \_\_\_\_\_  
City Baring (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

James M. Boswell  
(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 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Louisa Boswell  
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>62</u>	<u>6</u>	<u>22</u>	

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

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) Collins Mo

13. NAME Wm Boswell

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

15. MAIDEN NAME Nancy Wingfield

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

17. INFORMANT W. F. Boswell in home  
(ADDRESS) Barling, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenburg, Mo

19. UNDERTAKER Gerth A. Boswell  
(ADDRESS) Greenburg, Mo

20. FILED Ma 5 1937 E. M. Whitacre  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-29-1937

I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 1934, to Feb 28, 1937I last saw him alive on Feb 28, 1937. Death is saidto have occurred on the date stated above, at 8:12 P. m.

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

Self inflicted gun shot wound with 22 caliber rifle. Shot himself between 5-5:30 P. m. also lived till 8:12 P. m.

Other contributory causes of importance:

Hisopadey

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

accident, suicide, or homicide? suicide Date of injury Feb 28, 1937Where did injury occur? Baring, Mo., Knott Co., Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Self inflictedNature of injury Bullet penetrated brain in St. Thomas Region

24. Was disease or injury in any way related to occupation of deceased?

\_\_\_\_\_, specify \_\_\_\_\_

(Signed) E. M. Whitacre D. O. D.(Address) Baring, 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.

