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

MAR 25 1937

Do not use this space.

7842

1. PLACE OF DEATH
County Ripley — Registration District No. 750 — File No. 14
Township Harris — Primary Registration District No. 5991 — Registered No. 1442
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Juliana Kathrene Boster

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Wm H. Boster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-30-1869

7. AGE: YEARS 68 | MONTHS + | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
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): Ripley Co. Mo.

FATHER
13. NAME: Lawrence Glockengieser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Kathrin Gal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Chas Boster, Doniphan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope Cem. DATE 2-18-37, 19

19. UNDERTAKER (ADDRESS): Jordan Doniphan

20. FILED 2-18-1937 C. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-17-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1937, to Feb. 17, 1937
I last saw her alive on Feb 16, 1937 Death is said to have occurred on the date stated above, at 4:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Arteriosclerosis

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 .....
(Signed) J. E. Sullivan, M. D.
(Address) Doniphan

William