

MAR 5-1937

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

Do not use this space.

## 1. PLACE OF DEATH

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**City **St. Louis**(No. **Memorial Home**)File No. **8527**Registered No. **1982**

St. .... Ward)

## 2. FULL NAME

**James A. Boath,**(a) Residence, No. **Grand & Magnolia avs.** St. **17** 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

**Male**

## 4. COLOR OR RACE

**White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
**Divorced**

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

**Unknown**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1858-11-22**

## 7. AGE

YEARS

**78**

MONTHS

**2**

DAYS

**21**

IF LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

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

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)

**Scotland**

## MOTHER FATHER

13. NAME **James Boath**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**15. MAIDEN NAME **Margaret Black,**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**17. INFORMANT **James A. Boath,**  
(ADDRESS) **7318 Maple av.**

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE **Valhalla**DATE **2/13/37** 1919. UNDERTAKER **Robert J. Ambruster,**  
(ADDRESS) **Clayton road at Concordia Lane**

## 20. FILED

**FEB 15 1937**19. **J. T. Bredeck**

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/13/37** 1922. I HEREBY CERTIFY, That I attended deceased from **January 1935** to **2/13/37** 19I last saw him alive on **2/13/37** 19. Death is saidto have occurred on the date stated above, at **11 A. m.**

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

**Uremia Result of Chronic nephritis**Date of onset **2/5/37**

Other contributory causes of importance:

**Paraplegia Spinal 9/1/35**Name of operation **Emergency** Date ofWhat test confirmed diagnosis? **Emergency** Was there an autopsy? **No.**

## 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) **W. D. Appleby**, M. D.(Address) **3103 Arsenal st.**

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.

