APR 9 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 File No. 10539

Township ..... Primary Registration District No. 1003 Registered No. 3113

City S ST. LOUIS MO. (No. 4354 SWAN AVENUE. St. ..... Ward)

2. FULL NAME HIRAM BOSTON.

(a) Residence, No. 4354 SWAN AVENUE. St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): WIDOWER.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: MELCENA BOSTON.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/29/1859/

7. AGE: YEARS 77 | MONTHS 3 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LABORER.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: HADLEY RUBBER CO.
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): MISSOURI

FATHER

13. NAME: JOSHIA BOSTON.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

MOTHER

15. MAIDEN NAME: EMILY FITZGERALD.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI.

17. INFORMANT (ADDRESS): MRS. JAMES R. HUNT. 6704 Hoffman Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE GERALD MO. DATE 3/22/37 19

19. UNDERTAKER (ADDRESS): Provost Fred. Co. 3710 N. GRAND AVE.

20. FILED MAR 21 1937 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/37, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to March 18, 1937
I last saw him alive on March 18, 1937 Death is said to have occurred on the date stated above, at 4-20 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:
Decompensation
Senility

Name of operation None Date of —
What test confirmed diagnosis? None 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? No
If so, specify
(Signed) Preston C. Hall, M. D.
(Address) 1625 Farmer Grove Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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Preston
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