

MAY 7 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.....

Township.....

Primary Registration District No.....

City.....

(No. ....)

.....

File No.....

Registered No.....

St. ....

Ward).....

## 2. FULL NAME

(a) Residence, No. ....

(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.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

Married

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

Jennie Boston

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

1894. Dec 5

7. AGE

42

YEARS

MONTHS

4

DAYS

16

IF LESS than 1  
day, ..... hrs.  
or ..... min.8. Trade, profession, or particular  
kind of work done, as splanner,  
sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Building

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)

Centerville Iowa

13. NAME

Cyrus Douglas Boston

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

Iowa

15. MAIDEN NAME

Elizabeth Booth

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

Iowa

17. INFORMANT  
(ADDRESS)Mrs Jennie Boston  
4527<sup>1/2</sup> Oakland

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cemetery DATE Apr 23 1937

19. UNDERTAKER  
(ADDRESS)Muller Road  
4259 Suddell

20. FILED

APR 22 1937

J. A. Bredeck

Registrar

## MEDICAL CERTIFICATE OF DEATH

No physician or attendant

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

4/21 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 8:00 A.M.

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

Date of onset

Aortic stenosis with Cardia  
Hypertrophy

Other contributory causes of importance:

Chronic Emphysema - non I.P.  
Chronic Parenchymatous Nephritis

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

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)

Alfred J. Perry M.D.

(Address)

Deputy Coroner

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.

