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.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County Randolph
Township
City Moberly Mo. (No. , St. Ward)

Registration District No. 735
Primary Registration District No. 3034

File No. 17354
Registered No. 102

2. FULL NAME Josph Boardman Jr.
(a) Residence, No. 1401 Wight St. 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. 1 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): ==========
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF =====
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 1937
7. AGE: YEARS | MONTHS | DAYS 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ===
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) Moberly Mo.

FATHER
13. NAME Joseph Boardman.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farefield Ill.

MOTHER
15. MAIDEN NAME May Eravie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co.

17. INFORMANT (ADDRESS) Joseph Boardman= Father= 1401 Wight St. Moberly Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sugar Creek Cem. DATE April 7 1937
19. UNDERTAKER (ADDRESS) Snow Funeral Home Moberly Mo.
20. FILED Apr. 7 1937 Ethel Cleeton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1937
22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937, to April 7, 1937
I last saw him alive on April 7, 1937 Death is said to have occurred on the date stated above, at 12½ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Likely patent foramen ovale	

Other contributory causes of importance:

15 C

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) H. C. Griffiths, M. D.
(Address) Moberly Mo.