

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

County Cedar

Registration District No. 163

Township 1

Primary Registration District No. 4095

City Eldorado Springs (No. 1)

File No. 19750

Registered No. 32

St. Mo.

Ward 1

2. FULL NAME

(a) Residence, No. Jewel Pearl Boultinghouse

(Usual place of abode)

St. Mo.

Ward. 1

(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

F

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

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

Nov-29-1915

7. AGE

YEARS

MONTHS

DAYS

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

30

21

5

8

OCCUPATION

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

domestic

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)

Okla

13. NAME

Wm Sunderman

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

Ind

15. MAIDEN NAME

Hannie Wolfe

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

Ky

17. INFORMANT

(ADDRESS)

Mrs Hannie Wolfe
Eldorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

5-9-1937

19. UNDERTAKER

(ADDRESS)

Swing-Siders
Eldorado Springs Mo

20. FILED

5-8-1937

1937

J. H. Dawson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5-7-1937

22. I HEREBY CERTIFY, That I attended deceased from

May 4, 1937, to May 7, 1937

I last saw him alive on May 7, 1937. Death is said

to have occurred on the date stated above, at 2 P m.

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

Date of onset

Pulmonary tuberculosis

Other contributory causes of importance:

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

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)

Ch. Sunderman D.D.

M. D.

(Address)

Eldorado Springs

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.

