

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.

AUG 23 1937

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

Do not use this space.

27170

1. PLACE OF DEATH

County *Franklin* Registration District No. *297*
Township _____ Primary Registration District No. *3016*
City *Washington* (No. _____) St. _____ Ward _____

File No. _____
Registered No. *63*

2. FULL NAME

John W. Boley
(a) Residence, No. *228 E. 5th St. Washington, Mo.* (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred *25* 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) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF *Millie M. Boley* (or) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 8, 1860*
7. AGE YEARS *76* MONTHS *9* DAYS *6* If LESS than 1 day, _____ hra. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Merchant*
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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14, 1937*
22. I HEREBY CERTIFY that I attended deceased from *Jan 19, 1937*, to *April 14, 1937*
I last saw him alive on *July 14, 1937* 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:

Acquired Pectoris
Date of onset *Jan prior*

Other contributory causes of importance:
Heart disease, arterio-sclerosis, and Hypertension
Name of operation *none* Date of _____
What test confirmed diagnosis *clinical* 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? *no*
If so, specify _____
(Signed) *R. R. Butler*, M. D.
(Address) *Washington Mo*

12. BIRTHPLACE (CITY OR TOWN) *New Haven* (STATE OR COUNTRY) *Missouri*
13. NAME *C. C. Boley*
14. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Pennsylvania*
15. MAIDEN NAME *Susanne Schue*
16. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Ohio*
17. INFORMANT *Mrs. Millie M. Boley* (ADDRESS) *Washington, Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington, Mo.* DATE *July 16, 1937*
19. UNDERTAKER *Nielburg & Witt, Inc.* (ADDRESS) *Washington, Mo.*
20. FILED *July 16, 1937* *J. A. May* Registrar.

