

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

Do not use this space.

SEP 20 1937

1. PLACE OF DEATH

County JACKSON
Township.....
City INDEPENDENCE (No. 519 S. OSAGE)

Registration District No. 398
Primary Registration District No. 3019

File No. 30858
Registered No. 266
St. Ward)

2. FULL NAME LEONARD BOSWELL

(a) Residence, No. 519 S. OSAGE St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 14 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF WIFE OF Maxine Boswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 28 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 30 5 10

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

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

10. Date deceased last worked at this occupation (month and year) January 1937 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paxar Taylorville Ill.

13. NAME Wm. H. Boswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Happy Hollow Iowa

15. MAIDEN NAME Jane Ann Mitchell

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

17. INFORMANT Wm. H. Boswell (ADDRESS) 10 S. Osage St. Independence, Mo.

18. BURIAL, CREATION, OR REMOVAL PLACE La Oygna, Kansas DATE Aug. 11, 1937

19. UNDERTAKER STAHL'S FUNERAL HOME (ADDRESS) 815 W. Maple Ave. Independence, Mo.

20. FILED 8-12-37 J. R. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 8, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1937, to Aug 8th 1937

I last saw him alive on Aug 1st 1937. Death is said to have occurred on the date stated above, at 10:45 a. m.

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

Sarcoma of Liver Date of onset

PRIMARY

Other contributory causes of importance: 46

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) Joyl B. Bailey, M. D.

(Address) Medical Arts Bldg.

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.

REC'D 15 1967