

NOV 24 1937

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

Do not use this space.

39007

1. PLACE OF DEATH

County Jacobs  
Township Oliver  
City Hacaster (No.         )

Registration District No. 857  
Primary Registration District No. 6130

File No. 33  
Registered No.           
St.          Ward         

2. FULL NAME

Wilbur W. Boggs

(a) Residence, No.          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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs Barclay Boggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27-1884

7. AGE YEARS 53 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.

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

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) Manhattan, Mo

13. NAME Lewis Boggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cymore, Ind

15. MAIDEN NAME Mary Gardner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardley, Mo

17. INFORMANT Mrs W. W. Boggs (ADDRESS) 470 W. 2nd

18. BURIAL, CREMATION, OR REMOVAL Springfield, Mo PLACE Springfield DATE 10/7 1937

19. UNDERTAKER Thema J. Home (ADDRESS)         

20. FILED 1074 37 John H. Baxter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        .

I last saw him alive on Oct 3, 1937 Death is said to have occurred on the date stated above, at         

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

Suicide  
Shot self in neck with shot gun found DEAD  
Date of onset 10/7

Other contributory causes of importance:

Shot self in neck with shot gun found DEAD

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? Suicide Date of injury Oct 4, 1937

Where did injury occur? Hacaster, Mo (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Suicide by firearm  
Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?         

If so, specify Ed Arnold Co Coroner (Signed)         , M. D.  
(Address) Springfield, Mo

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

