

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.

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

Do not use this space.

**JAN 25 1938**

1. PLACE OF DEATH  
 County Shelby Co Registration District No. 833  
 Township Franklin Primary Registration District No. 6096  
 City Franklin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Laura Ann 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.

File No. 46925  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. M. Boggs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 12 - 1886</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>8</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
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) <u>Prox Co. 1</u>		
13. NAME <u>Joseph Furber 2</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio 31</u>		
15. MAIDEN NAME <u>Mahalia Kusker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>		
17. INFORMANT <u>S. C. Boyd</u> (ADDRESS) <u>Franklin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lockman Cemetery</u> DATE <u>Dec - 26 - 1937</u>		
19. UNDERTAKER <u>Miller &amp; Parkers</u> (ADDRESS) <u>Franklin Mo.</u>		
20. FILED <u>Dec 26 1937</u> <u>E. N. Gerard</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24<sup>th</sup>, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at about 9:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Inquest deemed unnecessary  
 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) B. W. Musgrave (Coroner)  
 (Address) Bethel, Mo.

