

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

Do not use this space.

3493

1. PLACE OF DEATH

County *Monroe*

Registration District No. *581*

File No.

Township

Primary Registration District No. *4343*

Registered No. *2*

City *Monroe City* (No. _____) St. _____ Ward _____

2. FULL NAME

Laura J. Boulevard, 460

(a) Residence, No. *515 1/2 main* St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *35* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan - 3rd 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 13th 1937*, to *Jan 6th 1938*

I last saw her alive on *Jan 5th 1938*. Death is said to have occurred on the date stated above, at *2:20 p.m.*

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

Wernia from suppurative lesion of viscera due to a simple pyelitis which - 1938

Other contributory causes of importance: *fracture of the right hip femur the 1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF *Edward S. Boulevard* (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 20 - 1852*

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

85 9 16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

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) *Ralls co Mo* (STATE OR COUNTRY)

13. NAME *John C. Wood*

14. BIRTHPLACE (CITY OR TOWN) *North Carolina* (STATE OR COUNTRY)

15. MAIDEN NAME *Elizabeth Bradley*

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

17. INFORMANT *Edna Boulevard* (ADDRESS) *Monroe City Mo*

18. BURIAL, CREMATION, OR REMOVAL *St. Jude's Cemetery* DATE *Jan - 7th 1938*

19. UNDERTAKER *Wilson & Son* (ADDRESS) *Monroe City Mo*

20. FILED *1-6*, 1938 *W. D. Phipps* Registrar.

Name of operation _____ 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? *Accident* Date of injury *Dec 13, 1937*

Where did injury occur? *Monroe City, Mo* (Specify city or town, county, and State)

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

Manner of injury *slipped & fell on icy floor*

Nature of injury *fracture of femur*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *W. D. Phipps*, M. D.

(Address) *Monroe City Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3493
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 581
(b) Township _____ Primary Registration District No. 4343 Registered No. _____
(c) City Monroe City (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura J. Boulevard

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS 85 MONTHS 9 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Mar 21 19 28 W. D. Pippin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1938

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 _____ m.

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

Date of onset

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 _____, 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) W. D. Pippin, M. D.

(Address) Monroe City, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-3493 1938