

REC'D MAY 18 1938

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

14687
Do not use this space.

1. PLACE OF DEATH *Greene* Registration District No. *316*
 (a) County *Greene* (b) Township *W. Cross in* Primary Registration District No. *15739*
 (c) City *Springfield* (d) Street No. *Woodley Farm* Registered No. *311*
 (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.
 (If death occurred in hospital or institution, write its name instead of street and number) St.

2. PRINT FULL NAME *WILSON H. BOSWELL* 2110
 (a) Residence, No. *831 1/2 N Campbell* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>April 9, 1938</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Martha Boswell</i>			22. I HEREBY CERTIFY, That I attended deceased from <i>Feb 1st, 1938, to April 8, 1938</i>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 20, 1872</i>			I last saw him alive on <i>April 8, 1938</i> . Death is said to have occurred on the date stated above, at <i>6 A.</i> m.
7. AGE YEARS MONTHS DAYS <i>65 10 10</i>	If LESS than 1 day, hrs. min.	The principal cause of death and related causes of importance were as follows: <i>Pulmonary Tuberculosis</i> Date of onset <i>1925-</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Ret. laborer</i>	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			Other contributory causes of importance: <i>23</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Iowa</i>			Name of operation
FATHER	13. NAME <i>Hugh Boswell</i>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Iowa</i>	Date of
MOTHER	15. MAIDEN NAME <i>Wk Riley</i>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Uniontown</i>	What test confirmed diagnosis? <i>Lab</i> Was there an autopsy? <i>No</i>
17. INFORMANT (ADDRESS) <i>Cliff W. Boswell</i> <i>629 N Campbell</i>			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.
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>First Church Epistm</i> DATE <i>Apr. 11, 38</i>			Manner of injury Nature of injury
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>W. H. ...</i> <i>Springfield, Mo.</i>			24. Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify (Signed) <i>W. H. Boswell</i> , M. D.
20. FILED <i>Apr 11 1938</i> <i>Chas. George</i> Local Registrar, <i>270</i> (Address) <i>Springfield</i>			

Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. 117, working under my personal supervision.

Signed

Licensed Embalmer No. 3358

P. O. Address Springfield 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.