REC'D JUN 8 1938

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

17816
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 81
(b) Township Bloomington — Primary Registration District No. 5122 — Registered No. 4
(c) City — (d) Street No. 3 miles southwest of Dekalb 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 Thomas Boggs 200
(a) Residence, No. Dekalb Mo. R.R.2 St.
(Usual place of abode, if no street address, write county or city) (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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1883

7. AGE — YEARS: 55 — MONTHS: — DAYS: 20 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) to date
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Missouri 0

FATHER
13. NAME Thomas H Boggs 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri 0

MOTHER
15. MAIDEN NAME Sarah Frakes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Mrs. J. W. Peck. Dekalb Mo.

18. BURIAL, CREMATION, OR REMOVAL May 29 1938
PLACE Sugar Creek DATE ... 19
Dekalb, Mo.

19. FUNERAL DIRECTOR (ADDRESS) Heaton-BeGole & Bowman St. Joseph, Mo.

20. FILED June 3, 1938 J. W. McAdow Local Registrar. 81

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to May 28, 1938
I last saw him alive on May 28, 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 1937

94a

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Usual test Was there an autopsy? No

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? No
If so, specify ...
(Signed) E. B. McAdow, M. D.
(Address) Dekalb Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, J Harold Bowman, Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. E. Summerfi

L. E.

No. 3007 or by, Registered Apprentice No.

working under my personal supervision.

Signed: J Harold Bowman

Licensed Embalmer No. 3619

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