

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.

REC'D JUN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Texas

Registration District No.

1043

Township

Ozark

Primary Registration District No.

6141

City

(No.

St.

Ward)

19781

File No.

Registered No.

6

2. FULL NAME

Grace Lena Boster

236

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

F

4. COLOR OR RACE

W.

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

Infant

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

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

May 3 - 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farmer

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)

Yukon - Missouri

FATHER

13. NAME

Lewis J. Boster

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

Houston - Missouri

MOTHER

15. MAIDEN NAME

Abbie P. Longbottom

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

Owens - Ky.

17. INFORMANT (ADDRESS)

Lewis J. Boster, Father Yukon - Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Big Creek Cemetery

DATE

May 4

MS

19. UNDERTAKER (ADDRESS)

Alvin Boster, mo Ozark

20. FILED

May 4 1938

Mrs. S. M. White Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 3 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 6:00 p.m.

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

Date of onset

Still Born
Cause unknown

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)

J. B. McDaniel, M. D.
Summersville, Mo.

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