

REC'D AUG 23 1938

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

24586

Do not use this space.

1. PLACE OF DEATH
 (a) County Chillicothe Registration District No. 2
 (b) Township Ninevah Primary Registration District No. 5002 Registered No. 121
 (c) City Ninevah (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 ANNA BELLE BOSTON
 (a) Residence, No. Younger, Mo. R.F.D. 1 (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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1938

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

22. I HEREBY CERTIFY That I attended deceased from July 11th 1938 to July 18 1938
 I last saw her alive on July 18 1938 Death is said to have occurred on the date stated above, at 10:30 pm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1867
 7. AGE YEARS 71 MONTHS 0 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired housewife
 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

Principals anemia
chronic
ruptured Para-
rotal fistula

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis

Other contributory causes of importance:
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

FATHER 13. NAME W. P. Woodbury

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

MOTHER 15. MAIDEN NAME Docia Dudley

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

17. INFORMANT (ADDRESS) Lee Straight

18. BURIAL, CREMATION, OR REMOVAL PLACE Richardson July 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Anthony
2 Careo

20. FILED July 19 1938 Spencer K. Freeman Local Registrar

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 Prof. J. Suss, M. D.
 (Signed) _____ (Address) Wikeville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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....., working under my personal supervision.

Signed

E. J. Robertson

Licensed Embalmer No. *2468*

P. O. Address *Laudon, MS*

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.