

DEC'D AUG 11 1938

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

24837

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. St. Joseph Hospital Registered No. 798
(If death occurred in Hospital or Institution, write its name instead of street and number) ST. JOSEPH HOSP. 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

(a) Residence, No. Mary C. Boffer 160 St. Savannah Mo.
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Boffer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 3 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Buchanan Mo.

FATHER 13. NAME Robert Pollard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known Va

MOTHER 15. MAIDEN NAME Catherine Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known Virginia

17. INFORMANT (ADDRESS) Robert Boffer
St. Joseph, Mo.

18. BURIAL, CREATION, OR REMOVAL PLACE DATE Savannah Mo Aug 25 1938

19. FUNERAL DIRECTOR (ADDRESS) J. E. C. Brett
Savannah Mo

20. FILED 83 1938 J. J. Stockbush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1938
22. I HEREBY CERTIFY, that I attended deceased from July 29 1938 to July 31 1938
I last saw h. or alive on July 31 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

Inter-tracheal fracture right femur 7/29/38
1860
Date of onset 7/30/38
Other contributory causes of importance: Staphylococcal Pneumonia 7/30/38

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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 7/29 1938
Where did injury occur? Savannah Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury fall
Nature of injury fracture right hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. E. Lane, M. D.
(Address) St. Joseph Mo

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STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

 L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)