

REC'D AUG 24 1938

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

25262  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297  
 (b) Township Washington, Mo. Primary Registration District No. 3016  
 (c) City Washington, Mo. (d) Street No. 516 West 5th St. Registered No. 64  
 (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 24 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frances Mathilda Boston  
 (a) Residence, No. 516 W. Fifth, Washington, Mo. St.  (If nonresident, give city or town and State) 235  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (write the word) Edw. J. Boston  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4th, 1872.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 8 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife.  
 9. Industry or business in which work was done, as saw mill, bank, etc. X  
 10. Date deceased last worked at this occupation (month and year) July 1938. 11. Total time (years) spent in this occupation 44 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow, Missouri, R.F.D.

FATHER 13. NAME Anton Kluba.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany.

MOTHER 15. MAIDEN NAME Agnes Gomoluh.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany.

17. INFORMANT (ADDRESS) Mr. Edw. J. Boston, Washington, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE July 23rd, 1938.

19. FUNERAL DIRECTOR (ADDRESS) Nieburg & Vitt, Inc., Washington, Mo.

20. FILED July 27, 1938 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to July 21, 1938.  
 I last saw her alive on July 21, 1938. Death is said to have occurred on the date stated above, at 11:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Subacute Infectious Endocarditis  
Subacute Infectious Endocarditis  
Endocarditis

Other contributory causes of importance: 9/10

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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) H. A. May, M. D.

(Address) Washington, Mo.

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, Lester A. Vitt, Licensed Embalmer No. 3254  
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 Lester A. Vitt  
Licensed Embalmer No. 3254

**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.)**