REC'D SEP 13 1938

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

27801
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 3 | Registration District No. 399
(b) Township Kan | Primary Registration District No. 1092 | Registered No. 3112
(c) City Kansas City Mo (d) Street No. 12 + Woodland 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 Sidney Boozer. I Came Up all Come Up before me is Boozer undertaker
(a) Residence, No. 1821 E. 11th 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 21 1899
7. AGE: Years 38 | Months 9 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

FATHER
13. NAME: Louis Boozer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): B L Shahan 2208 Vine
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge Cem. DATE: Aug 6 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): B L Shahan 2208 Vine St.
20. FILED: Aug 5 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-23-38 19

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw ....alive on ....30 19.... Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Chest	
Hemorrhage	1/2

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 7-23-38 19
Where did injury occur? Kan (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury: Gun Shot
Nature of injury: Chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) Russell Wilson, M. D.
(Address) Kan

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, B L Graham

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed B L Graham

Licensed Embalmer No. 2540

P. O. Address 2208 Vine St

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.