JAN 1 1939

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

Do not use this space.

File No. 43004

Registered No.

1. PLACE OF DEATH

County 7 Registration District No.

Township Primary Registration District No.

City (No. St. Ward)

2. FULL NAME Lucy E Boatman

(a) Residence, No. 51 Clair Wd St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	2	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 4 4 1938

11. Total time (years) spent in this occupation 4/0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock Mo

FATHER

13. NAME Stark Jones

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

MOTHER

15. MAIDEN NAME Elizabeth Dunlaces

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

17. INFORMANT (ADDRESS) Maud Schmelz, 51 Clair Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wyman Mo DATE 11-14-1938

19. UNDERTAKER (ADDRESS) T. H. Bilbert Wyman Mo.

20. FILED 1/7 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10-1938, to 11-13-1938, 19..

I last saw h... alive on 11-13-1938, 19.. Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Lobar Pneumonia	11/10/38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

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

(Signed) W. E. Mitchell, M. D.

(Address) 51 Clair Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

20M-2-38 I X7294