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.

JAN 20 1939

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

Do not use this space.

43276

File No.
Registered No.

1. PLACE OF DEATH
County: Oregon
Township: Myatt 2
City: (No. , St. Ward)
Registration District No.: 3
Primary Registration District No.: 5

2. FULL NAME: Robert Lee Boak
(a) Residence, No. Oregon Co St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 26 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Christeen D Boak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR):

7. AGE: Years 67 | Months 9 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Sept. 1937
11. Total time (years) spent in this occupation: 43 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell Co Mo.

FATHER
13. NAME: Wright Boak
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Sophronia Hard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Christeen Boak

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hayside Cem. DATE: Nov 17, 1938

19. UNDERTAKER (ADDRESS): J. C. Caldwell, Salem

20. FILED, 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 16, 1938

22. I HEREBY CERTIFY, that I attended deceased from November 14, 1938, to Nov 16, 1938
I last saw him alive on November 14, 1938. 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
Carcinoma Lower lip	4
Secondary Anemia	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) C. W. Cooper, M. D.
(Address) Thayer 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. RELATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

I X12241

ROWENA MOORE

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

43276
Do not use this space.

1. PLACE OF DEATH
(a) County Howell — Registration District No. 389
(b) Township Myatt — Primary Registration District No. 5543 — Registered No.
(c) City — (d) Street No. — 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 Robert Lee Boak
(a) Residence, No. — 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Christine D Boak
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29 1871
7. AGE: YEARS 67 — MONTHS 5 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Sept 1937
11. Total time (years) spent in this occupation: 43 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell Co. Mo

FATHER
13. NAME: Wright Boak
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Sophronia Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Christeen Boak
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wayside Cem DATE: Nov 17 1938
19. FUNERAL DIRECTOR (ADDRESS): F C Caldwell Salem, Mo
20. FILED: Feb 12 1938 Mrs Truman Hale Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 16 1938
22. I HEREBY CERTIFY, That I attended deceased from November 1938 to Nov 16, 1938
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	Date of onset
Carcinoma Lower lip	
Senile Hemorrhage	
Secondary Anemia	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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.
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If so, specify
(Signed) C. N. Cooper, M. D.
(Address) Thayer, Mo

SUPPLEMENTARY