

REC'D FEB 24 1939

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

Do not use this space.

2888

## 1. PLACE OF DEATH

County Lewis Registration District No. 477Township 1 Primary Registration District No. 4286City Canton (No. 460) St. 4 Ward 42. FULL NAME Robert Morris Boulware(a) Residence, No. 460 St. 4 Ward 4

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 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 Bettie Kastor6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

81 0 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark County Missouri13. NAME John Newton Boulware14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Kentucky15. MAIDEN NAME Rhoda Easton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Travis Boulware Canton Missouri18. BURIAL, CREMATION, OR REMOVAL -- PLACE Canton, Mo. DATE Jan. 12, 193919. UNDERTAKER (ADDRESS) Earl H. Barkley Canton Missouri20. FILED Jan. 12, 1939 A. W. Harris M.D. Registrar. 430

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Jan 10, 1939I last saw him alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 10: P. m.

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

Arterio Hypertension  
Cardiac insufficiency  
51

Other contributory causes of importance:

Caesarian of prostate

Name of operation Date of

What test confirmed diagnosis? Aspirate 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

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) [Signature](Address) Canton, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-89

Date Filed FEB 8 1939