

REC'D MAR 9 1939

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

6456  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3016 Registered No. 17  
 (c) City Washington, Mo (d) Street No. 516 W. Fifth St. 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 26 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

275 Edward J. Boston  
 (a) Residence, No. 516 W 5th St. Washington, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances M. Boston (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1868

7. AGE YEARS 71 MONTHS 1 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Corn Cob Pipe  
 9. Industry or business in which work was done, as saw mill, bank, etc. Corn Cob Pipe Factory  
 10. Date deceased last worked at this occupation (month and year) 12-18-38 11. Total time (years) spent in this occupation 23

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

FATHER 13. NAME Joshua Mathew Boston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER 15. MAIDEN NAME Emily Fitzgerald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerald Mo.

17. INFORMANT Martin Boston (ADDRESS) Washington Mo.

18. BURIAL, CREMATION, OR REMOVAL Washington, Mo. DATE 2/7/39, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Naberg & Bell Inc Washington, Mo

20. FILED Feb. 6 - 1939 NR May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/31, 1938, to 2/4, 1939  
 Last saw him alive on Feb 1st, 1939. Death is said

to have occurred on the date stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach  
46  
 Date of onset  
 Other contributory causes of importance:  
Chronic Myocarditis

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) R. J. Post, M. D.  
270 (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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Lester A. Vitt*

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

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

Signed

*Lester A. Vitt*

Licensed Embalmer No. *3254*

P. O. Address

*Washington, Mo.*

**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.**