

REC'D APR 19 1939

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

10601
Do not use this space.

1. PLACE OF DEATH

(a) County Cooperille Registration District No. 218
 (b) Township _____ Primary Registration District No. 3015 Registered No. 45
 (c) City Boonville. (d) Street No. St. Joseph Hospital 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

William Boggs.
 (a) Residence, No. _____ St. Fayette Mo.
 (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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF # _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/9- 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 7 14

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

12. BIRTHPLACE (CITY OR TOWN) Missouri,
 (STATE OR COUNTRY)

13. NAME Joe Boggs,

14. BIRTHPLACE (CITY OR TOWN) Missouri,
 (STATE OR COUNTRY)

15. MAIDEN NAME Ella Broadas,

16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Joe Boggs,
Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL Fayette Mo.
 PLACE City Cemetary DATE 3/26th 1939

19. FUNERAL DIRECTOR (NAME) Guy T. Halley.
 (ADDRESS) Fayette, Mo.

20. FILED 3-24 1939 D. Hooper
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3.23rd 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1939, to Mar. 23 1939

I last saw him alive on March 22 1939. Death is said to have occurred on the date stated above, at 1/2 m.

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

Syphilis of Gall
bladder, stomach
& Pan Creas.
Source of syphilis unknown
 Other contributory causes of importance:
Jejunical 3/4

Date of onset unknown

Name of operation Excise of stomach Date of 3-22-39
 What test confirmed diagnosis? ant. 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) J. L. Richards, M. D.
 (Address) Fayette 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.

1 XI 4025

Date Filed 4/7/37
District File Number
District Health Officer No. 8,
RECEIVED

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.