

REC'D APR 24 1939

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

Do not use this space.

11288

## 1. PLACE OF DEATH

County

Knox

Registration District No.

444

Township

Myrtle

Primary Registration District No.

5603

City

(No. \_\_\_\_\_)

St.

Ward)

## 2. FULL NAME

William Clifford Boltz

(a) Residence, No. \_\_\_\_\_

St., \_\_\_\_\_

Ward. \_\_\_\_\_

(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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Anina Frances Villiera

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

Jan 15-18 85

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hra.  
or \_\_\_\_\_ min.

54

4

28

OCCUPATION

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

Knox Co

Mo.

MOTHER

13. NAME

Bony Boltz

Mo.

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

Knox Co Mo.

15. MAIDEN NAME

Henretta Rudge

Mo.

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

Knox Co Mo.

17. INFORMANT  
(ADDRESS)Marshall Boltz  
Knox City Mo18. BURIAL, CREMATION, OR RESUR-  
RECTION

PLACE

Calvary Cemetery

DATE

March 17-1939

19. UNDERTAKER  
(ADDRESS)Seymour S. Walter  
Knox City Mo

20. FILED

Mar 26 1939

Mrs C J. Smith

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

March 10 1939

22. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_, 19\_\_\_\_, to

\_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Died without  
medical attendant

Date of onset

Other contributory causes of importance:

200 b

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) \_\_\_\_\_

\_\_\_\_\_, M. D.

395 (Address)

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.

50M-10-22-38 I X9314

SEP 14 1948

RECEIVED

District Health Officer No. 10

District File Number 10-39-565

Date Filed APR 14 1939

RECEIVED  
DISTRICT HEALTH OFFICER  
NO. 10

APR 14 1939

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

11288  
Do not use this space.

1. PLACE OF DEATH

(a) County Moore Registration District No. 444  
(b) Township Marble Primary Registration District No. 2603 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

William Clifford Baltz  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS 54 MONTHS 4 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED July 22, 1939 Mrs. C.M. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date related above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

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) F. E. Luman M. D.  
(Address) Edina MO  
(By L.R.)

SUPPLEMENTARY

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.

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

