REG'D APR 19 1939

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

11710
Do not use this space.

1. PLACE OF DEATH
(a) County Newton 2
(b) Township Marion 1
(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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 615
Primary Registration District No. 5817
Registered No. 8

630

2. PRINT FULL NAME James Thomas Boord
(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: 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~~: Stella Boord

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 26 1871

7. AGE: Years 67 | Months 8 | Days 18 | 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): 1930
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: Albin Boord 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Sarah Jane Mullen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Stella Boord Rt 1 Granby

18. BURIAL, CREMATION, OR REMOVAL
PLACE Powers Cem. DATE Mar 17, 1939

19. FUNERAL DIRECTOR (NAME) Noon Funeral Home
(ADDRESS) Cassville, Mo.

20. FILED March 15, 1939 Mrs. H. S. Chapman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939, to Mar 14, 1939
I last saw ~~him~~ alive on Mar 7, 1939. Death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis 2	
CVD	

Other contributory causes of importance: Hypertrophy of the heart

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? No
If so, specify .....
(Signed) R. F. Chatham, M. D.
(Address) Diamond Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 6,
District File Number 6-39-716
Date Filed APR 4 1939

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, Eugene Wood, or by

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

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Caswell, 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.