

REC'D JUN 20 1939

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

18330
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 164
(b) Township Benton Primary Registration District No. 5229 Registered No. 146
(c) City Jessie Spgs. Mo (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

Charles Killingsworth Boston
(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-1868

7. AGE YEARS - MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 3

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) 1-1-25
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessie Spgs. Mo

FATHER 13. NAME James G. Boston

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

MOTHER 15. MAIDEN NAME America Killingsworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove, Mo

17. INFORMANT (ADDRESS) Betty Boston, Cov
36464 Remond St. Chicago Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anna Cma DATE 5-15-39

19. FUNERAL DIRECTOR (ADDRESS) P. P. Long
Jessie Spgs. Mo

20. FILED May 25 1939 McMary Heiber
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

From history of case probably
Acute
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: J.D.

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.P. Severin, coron

155 (Address) Eldorado Springs, 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. 7,
District File Number 7-38-294
Date Filed 6-6-39

STATEMENT BY LICENSED EMBALMER

I, Mr. P Long, Licensed Embalmer No. 3714
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Mr. P Long
..... L. E.
No. 3714 or by Registered Apprentice No.
working under my personal supervision.
Signed Mr. P Long
Licensed Embalmer No. 3714

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.)