

REC'D AUG 3 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25553

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. 70
 (c) City Washington, Mo. Street No. 701 W 8th (8th 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 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME.

(a) Residence, No. 701 W 8th St., Washington, Mo. (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF		William T. Boston.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23rd, 1874.				
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	65	5	17	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-work.			
	9. Industry or business in which work was done, as saw mill, bank, etc. X			
	10. Date deceased last worked at this occupation (month and year) June 1939.		11. Total time (years) spent in this occupation 40 yrs.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerald, Missouri.				
FATHER	13. NAME Henry Stevens.			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.			
MOTHER	15. MAIDEN NAME Louise Sullivan.			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.			
17. INFORMANT Mrs. Emil Ronsick.				
(ADDRESS) Washington, Missouri.				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE Washington, Mo. DATE July 13th, 1939				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nieburg & Vitt, Inc. Washington, Missouri.				
20. FILED July 11 - 1939 H. G. May Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 10th, 1939.**

22. I HEREBY CERTIFY That I attended deceased from **Feb 22, 1939, to July 10, 1939**
 I last saw her alive on **July 10, 1939** Death is said to have occurred on the date stated above, at **8:20 A.M.**
 The principal cause of death and related causes of importance were as follows:
chronic myocarditis,
Hepatitis
 Date of onset **7-30-37**
 Other contributory causes of importance:
Hepatitis
 7-2-39

Name of operation _____ Date of _____
 What test confirmed diagnosis? **clinical** 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) **O. E. Mankoff**, M. D.
275 (Address) **Washington Mo.**

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.