

REC JUN 10 1940

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

18044
Do not use this space.

1. PLACE OF DEATH
 (a) County Callaway Registration District No. 104
 (b) Township 2 Primary Registration District No. 3008
 (c) City Fulton (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 George Hobart Boles
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min. 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Fulton
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Walter E. Boles

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

MOTHER
 15. MAIDEN NAME Vivian Pike

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

17. INFORMANT W. E. Boles
 (ADDRESS) Fulton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hillcrest Cemetery DATE May 9, 1940

19. FUNERAL DIRECTOR (NAME) Lee H. Wallace
 (ADDRESS) Fulton, Missouri

20. FILED May 9, 1940 A. N. Crews
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1940
 22. I HEREBY CERTIFY, That I attended deceased from May 8, 1940 to May 8, 1940
 I last saw him alive on May 8, 1940 Death is said to have occurred on the date stated above, at 6:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Respiratory failure Date of onset 5-8-40
Prematurity 16 D P
 Other contributory causes of importance: 5-8-40

Name of operation Breast Excised Date of 5-8
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) John J. Brown M. D.
 (Address) 106 Fulton, Mo.

WRITE FULLY, 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.

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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..... *Leo M. Wallace*

Licensed Embalmer No..... *3373*

P. O. Address..... *Fulton, 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.