

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Jamson
State File No. 21748
Registrar's No. 24

Registration District No. 247 Primary Registration District No. 5-839 4365

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Newtonia
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton, 73
(c) City or town Newtonia
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM M. BOSTON
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1947 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 - 1947
to May 14, 1947
that I last saw him alive on May 14, 1947
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DAVIE BOSTON
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased FEBRUARY 26 1868
(Month) (Day) (Year)

Immediate cause of death arteriosclerosis
Paralysis, aortic
Due to Bid ridden for a year
Due to.....

Duration
Several years

8. AGE: Years Months Days If less than one day
79 2 19 hr. min.

Other conditions:
(Include pregnancy within 3 months of death)

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation REPAIRMAN
11. Industry or business SOUTHWEST BELL TELEPHONE
12. Name UNKNOWN Boston
13. Birthplace UNKNOWN Ohio
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

Major findings:
Of operations 97
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Davie Boston
(b) Address Newtonia, Mo.
17. (a) Burial (b) Date thereof May 16 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 1007 Newtonia
18. (a) Signature of funeral director Lesley Thompson
(b) Address Newtonia, Mo.
19. (a) 6-10-47 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury.....
23. Signature R. Jamson (If D. or other)
Address Newtonia Mo Date signed 5/22/47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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X

