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

Do not use this space.

31661

OCT 2

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township — Primary Registration District No. 3034 — Registered No. 190
City Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME Nina R. Boulware

(a) Residence. No. 419 So. Clark St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: No data

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 9th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	7	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Abram Goodlung
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Susan Tuley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Mrs E F Konigmacher
(Address): Moberly, Mo

15. FILED 10/2 1929 Dr. Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 21st 1929

17. I HEREBY CERTIFY, That I attended deceased from August 22, 1929 to Sept 21st 29, 1929 that I last saw her alive on Sept 21st 29, 1929 and that death occurred, on the date stated above, at 8.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

12A Cerebral Hemorrhage
12D Paralysis left side
1c Nephritis (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension. (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Thos S Fleming, M. D.
9-23rd 1929 (Address) Moberly, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Madison Mo	9-23rd 1929
20. UNDERTAKER: Mahan and Son	ADDRESS: Moberly Mo

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.