

SEP 19 1935

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

Do not use this space.

25932

1. PLACE OF DEATH

County Osage

Registration District No. 201

Township Liberty

Primary Registration District No. 5280

City Liberty (No. 3012)

St. Liberty Ward 1

2. FULL NAME

(a) Residence, No. Westley Boggers St. Liberty Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzie Boggers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14-1863</u>		
7. AGE <u>72</u>	YEARS <u>0</u>	MONTHS <u>9</u>
		DAYS <u>9</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) <u>1935</u>
	11. Total time (years) spent in this occupation <u>45</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Liberty Mo.

13. NAME
James Boggers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Key Ky

15. MAIDEN NAME
Sarah Gatewood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Key Ky

17. INFORMANT (ADDRESS)
Eza Boggers Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Liberty Mo DATE
Aug 16 35

19. UNDERTAKER (ADDRESS)
Church - Archer Co Liberty Mo

20. F. E. Aug 13 35 581 Street Liberty Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Aug 13-1935

22. I HEREBY CERTIFY, That I attended deceased from
Aug 6, 1935 to Aug 12, 1935

I last saw him alive on Aug 12, 1935. Death is said to have occurred on the date stated above, at 11 m.

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

General Arteriosclerosis Date of onset

Other contributory causes of importance
Flu 1935 for 2 wks

Name of operation ✓ Date of ✓

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 Aug 12 35, 1935

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) Wm. H. Harrison, M. D.

(Address) Liberty Mo.

