

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

Do not use this space.

**JUN 22 1936**

**19248**

**1. PLACE OF DEATH**

County Henry Registration District No. 358  
 Township Big Creek Primary Registration District No. 5503  
 City Blairtown (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 9

**2. FULL NAME**

Myrtle R. Boston

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF W.M. Boston (WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18th 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>6</u>	<u>6</u>	

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

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

13. NAME J. R. Potts  
 14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) Mo

15. MAIDEN NAME Sallie M. Davis

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

17. INFORMANT W. M. Boston (ADDRESS) Blairtown, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blairtown, Mo DATE May 26-36

19. UNDERTAKER O. L. Cook (ADDRESS) Chilhowee, Mo.

20. FILED June 1, 1936 E. C. Hibler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 - 1936

22. I, HEREBY CERTIFY, That I attended deceased from April 20, 1936, to May 23, 1936.  
 Last saw her alive on May 23, 1936. Death is said to have occurred on the date stated above, at 7 a. m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Tuberculosis of the lungs  
23  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) L. C. Smith M. D.  
 (Address) \_\_\_\_\_ ms

WRITE PLAINLY, 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.

