

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buena Vista
Township 27
City Aglar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. 15844
Registered No. 123
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eleanor Bostie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 9 1893

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
44 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Dealer

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) 4/15-1937 11. Total time (years) spent in this occupation 20

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

13. NAME Charles H Bostie

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

15. MAIDEN NAME Mary E Dunklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo Missouri

17. INFORMANT (ADDRESS) Charles Bostie

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Mt DATE 4-26 1937

19. UNDERTAKER (ADDRESS) W. L. Craig Malden Mo

20. FILED 4-25-1937 Obstetinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-17 1937, to 4-24 1937

I last saw him alive on 4-24 1937. Death is said to have occurred on the date stated above, at 12 m.

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

Myocardial infarct

Other contributory causes of importance: Peritonitis

Name of operation Appendectomy Date of 4-17-37
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 _____, 1937

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) W. L. Craig, M. D.
(Address) Aglar Bluff Mo

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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