

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

Do not use this space.

33286

**1. PLACE OF DEATH**

County Clay  
Township Platte  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 203  
Primary Registration District No. 5-281

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

T. B. Boudette

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-2-1858

7. AGE YEARS 71 MONTHS 5 DAYS 7  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) West Virginia  
(STATE OR COUNTRY)

10. NAME OF FATHER John A. Boudette

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Virginia  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Ann Hardaway 1927 (Address) \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Virginia  
(STATE OR COUNTRY)

14. INFORMANT Miss Mary Boudette  
(Address) Smithville Mo

15. FILED 11/11, 1929 E. C. Hill  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-9-1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1929, to Oct 9, 1929  
that I last saw him alive on Oct 8, 1929, and that death occurred, on the date stated above, at 5:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral hemorrhage

CONTRIBUTORY (SECONDARY) HTA (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. H. Cruse, M. D.

\*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 Smithville Cem. DATE OF BURIAL Oct-10 1929

20. UNDERTAKER J. H. Cruse ADDRESS Edgemoor, Mo.

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.

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