

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Columbiana
City Boonville (No. _____)

Registration District No. 73
Primary Registration District No. 5112

File No. 36874
Registered No. 242
St. _____ Ward _____

2. FULL NAME

J. Robert Boatman
(a) Residence, No. 703 Pacific Av. Webster Mo.
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60. 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sahaman
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County Mo.

13. NAME William Nelson Boatman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Edna Elizabeth Wall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo.

17. INFORMANT H. A. Pugh & Son
(ADDRESS) Mission Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mission Mo. DATE Nov. 13, 1931

19. UNDERTAKER H. A. Pugh & Son
(ADDRESS) Mission Mo.

20. FILED 11/13/31 F. C. Suggitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1931, to X, 1931.
I last saw h. X alive on X, 1931. Death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:

Automobile accident on Hwy #40. 3 miles E. of Columbiana Mo. - Bonifas. Rt. wheels of car got off of slab and in getting back on road
Other contributory causes of importance: Car turned over. no lights
2:10M 7:05
Date of onset

Name of operation 210 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 11, 1931
Where did injury occur? About head & shoulders
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In public place
Manner of injury. entering of car.
Nature of injury. Broken neck & other injuries

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. L. Davis lessour M.D.
(Address) Columbiana Mo.

WRITE CAREFULLY, 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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