

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

Do not use this space.

1467

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kennett (No. Gen'l Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 197
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1627 Broadway (Kear) 3 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8-1893</u>		
7. AGE	YEARS	MONTHS
<u>39</u>	<u>40</u>	<u>11</u>
		DAYS
		<u>1</u>
		If LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Drayman</u>
	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) Pine Bluff Ark

FATHER 13. NAME Levi Boston

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER 15. MAIDEN NAME Jane Conyer

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Mrs. Boston (widow) 1627 Broadway (Kear)

18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE) Blue Ridge Lawn Cem. K.C. Mo., 1-13-33

19. UNDERTAKER (ADDRESS) Flynn & Greenstreet K.C. Mo.

20. FILED 1-13-33 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH 4P

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/9/33 1933

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner to Deputy Coroner, 1933.
I last saw him alive on _____, 1933. Death is said to have occurred on the date stated above, at 4P m.

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

Diffuse cerebral edema
Other contributory causes of importance: 210 M
62 A

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

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 2/11/32
Where did injury occur? 18th Street Kennett
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury struck by motor car
Nature of injury blow to vertex of head

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Deputy Coroner, M.D.
(Address) _____

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.

