JAN 26 1934

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

Do not use this space.
41348

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248 B

City Jefferson Barracks, Mo. (No. Veterans' Administration Facility St. ... Ward)

File No. ... Registered No. 399

2. FULL NAME Edna Frances Boatman

(a) Residence, No. 4407 Olive Str., St. Louis Mo. 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. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 24, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
48	8	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) Unavailable — 11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (CITY OR TOWN) Carlinville (STATE OR COUNTRY) Illinois

FATHER

13. NAME Marston Boatman

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Frances Hicks

16. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Illinois

17. INFORMANT C.H. SMITH, M.D., Clinical Director (ADDRESS) Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn Carlinville DATE Dec 29, 1933

19. UNDERTAKER Gary Mullen Inc. (ADDRESS) 4257 Lindell

20. FILED Dec 27, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1933, to December 27, 1933

I last saw her alive on December 27, 1933. Death is said to have occurred on the date stated above, at 2:40 A.M.

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

	Date of onset
Carcinoma of Lung	Unkn.
50 47B	

Other contributory causes of importance:

Carcinoma of breast	
(Operated on prior to admission to Hospital	Unkn.

Name of operation ... Date of
What test confirmed diagnosis? Lab. X-Ray & History physical find. Was there an autopsy? No

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? ...
If so, specify ...

(Signed) W.C. GIBSON, M.D., Manager, M.D.
(Address) Vets. Adm. Fac., Jeff. Bks., Mo.

Carlinville 226

Everyone 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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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County St Louis
Township Carondelet
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 624812

File No. .....
Registered No. 399

2. FULL NAME Edna Frances Boatman

(a) Residence, No. ..... St., ... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) S

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

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

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

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

17. INFORMANT .....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19....

19. UNDERTAKER .....
(ADDRESS)

20. FILED Dec 27 1934 B F Tate M D
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung
Primary seat breast
extending to lung.

Date of onset

Other contributory causes of importance:
Carcinoma of breast

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? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

SUPPLEMENTARY

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