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.

NOV 13 1934

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

Do not use this space.

File No. 36038

Registered No. 4539

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399

Township ~~Kaw~~ — Primary Registration District No. 1002

City Kansas City (No. 519 East 11th St. Ward)

**2. FULL NAME** C. M. Baltis Boos

(a) Residence, No. 519 East 11th 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Erma Frank Boos

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | | | |

OCCUPATION

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

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

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) Minnesota

FATHER

13. NAME John Boos

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

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Erma Frank Boos
(ADDRESS) 519 East 11th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE P. J. Pacaun Vault DATE Oct 13 1934

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 West Linwood

20. FILED 10/12 1934 M. M. Crane
Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-8 1932 to 10-11 1934

I last saw him alive on Oct 11-34. Death is said to have occurred on the date stated above, at 12.50 P M

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

| | Date of onset |
|---|---|
| Lobar pneumonia | 10-7-34 |
| 105 | |
| 99 | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Myocarditis | 5 yr |

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) Albert L. Hazel, M. D.

(Address) 110 Ref. Bldg