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.

SEP 21 1936

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

Do not use this space.

30169

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125

Township Primary Registration District No. 3009

City Cape Girardeau No. S.E. Hospital St. Ward)

File No.

Registered No. 295

2. FULL NAME Marvelo Marvel Lee Boling

(a) Residence, No. Gale, Illinois St., Ward. Gale, Ill

(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 Female

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1936

7. AGE YEARS MONTHS 1 DAYS 4 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) Gale Illinois

FATHER

13. NAME Edward Boling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murphys Gap Illinois

MOTHER

15. MAIDEN NAME Iva Hale

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

17. INFORMANT (ADDRESS) Edward Boling Gale Illinois

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 8-18, 1936

19. UNDERTAKER (ADDRESS) Hanna Funeral Home Cape Girardeau Mo.

20. FILED 8-18 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1936 to Aug 18, 1936

I last saw him alive on Aug 18, 1936. Death is said to have occurred on the date stated above, at 1400 m.

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

Mucus Colitis

Date of onset

Other contributory causes of importance:

1196

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) [illegible] M. D.

(Address) Cape Girardeau Mo