

OCT 15 1936

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

Do not use this space.

34374

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 88 Janasen Place St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME

Frederick Ansel Boxley

(a) Residence, No. 88 Janassen 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
58 8 22

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

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) Missouri

13. NAME Calvin Boxley

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

15. MAIDEN NAME Connor

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

17. INFORMANT Reginald Ingram Eiger
(ADDRESS) 608 East 47th St. Terrace

18. BURIAL PLACE in Mausoleum in Mt. Moriah Cemetery
PLACE Kansas City, Mo. DATE Sept. 7, 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 8-6, 1936 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1936, to Sept. 11, 1936.
I last saw him alive on Aug. 25, 1936. Death is said to have occurred on the date stated above, at P. m. 5:30
The principal cause of death and related causes of importance were as follows:

Hypertension
Coronary atherosclerosis
Myocardial infarction
Essential hypertension
Especially cerebral
Other contributory causes of importance:
Brain aneurysm
Brain metastasis
Brain embolism

Date of onset
6 years
2 years
24 years

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

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) E. S. Miller, M. D.
(Address) 1137 W. Decatur St. (Ber)

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.

Y1-6234

1 unit