

FEB 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 395  
Township Waver Primary Registration District No. 1037  
City Manassas City (No. 1111) Charlotte St.          Ward         

File No. 6269  
Registered No. 657  
St.          Ward         

2. FULL NAME

Clarence Boman  
(a) Residence, No. 1111 Charlotte St.          Ward.           
(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>39</u>	<u>38</u>	<u>2</u>	<u>24</u>	

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

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) Alabama

13. NAME Don't know

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Anna Belle Boman (ADDRESS) 1111 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem. DATE 2-8 1937

19. UNDERTAKER Met. Appleton Jones (ADDRESS) 1965 W. 11th

20. FILED 21 5 37 M. M. Crone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1937 to February 4, 1937

I last saw him alive on February 4, 1937 Death is said to have occurred on the date stated above, at 2:35 a.m.

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

Other contributory causes of importance:         

Name of operation          Date of         

What test confirmed diagnosis?          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? no

If so, specify         

(Signed) D. H. Miller, M. D.

(Address) 1605 E. 18th St. K.C. Mo.

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.

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