JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County: Barton — Registration District No.: 43-21 — File No.: 44629

6 Township: Milford — Primary Registration District No.: 3067 — Registered No.: 1

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Eliza Alice Boles

(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 55 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 17 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Invalid 2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County Missouri 1

FATHER

13. NAME: Napoleon Thomas 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 31

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Earl Boles, Milford, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Howell Cemetery DATE: Dec 29, 1937

19. UNDERTAKER (ADDRESS): Kornatz's, Lamar, Mo.

20. FILED: 1/10/, 1938 Harvey B Wilcox, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 28th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1937, to Dec 28, 1937

I last saw her alive on Dec 2nd, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
Cardio-Renal-Vascular Disease 2	

Other contributory causes of importance:

31

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) C. E. Duncan, M. D.

(Address) Lamar, 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.