

Every item of information should be extremely supplied. AGIS 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.

REC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH  
 County Bushong Registration District No. 3  
 Township H. South Primary Registration District No. 1  
 City H. South (No. State Hospital #2)  
 2. FULL NAME Blaude Boswell 240  
 (a) Residence, No. Kansas City, Mo. St. Kans City Mo. Ward. ---  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 14096  
 Registered No. 458  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
 7. AGE YEARS 54 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 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 0  
 MOTHER 13. NAME Unknown 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT Hospital Records  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE State Hosp. Cem. DATE 4/27/38  
 19. UNDERTAKER Graves Funeral Home.  
 (ADDRESS) 800 S. 17th  
 20. FILED 4-27-38 J. H. McElhiney  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from February 26, 1938, to April 23, 1938.  
 I last saw him alive on April 23, 1938. Death is said to have occurred on the date stated above, at 8<sup>20</sup> a.m.  
 The principal cause of death and related causes of importance were as follows:  
Bilateral Pulmonary tuberculosis  
 Date of onset 2/26/38  
 Other contributory causes of importance: 23-  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-Ray Was there an autopsy? yes  
 23. If death was due to external causes (violence), fill in also the following: no  
 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) A. H. Pamphill / M. D.  
 (Address) State Hosp. No 2  
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