JAN 20 1939

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

42204
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain
(b) Township Prairie
(c) City
Registration District No. 24
Primary Registration District No. 5033
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Houston Boatwright
(a) Residence, No. Audrain Co. Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~ Sarah A Boatwright
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17-1865
7. AGE: Years 73 Months 9 Days 24 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER
13. NAME Daniel Boatwright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs D.H. Boatwright
(ADDRESS) Laddonia, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Laddonia Mo. DATE Dec 12 1938
19. FUNERAL DIRECTOR (NAME) H. G. Granger
(ADDRESS) Laddonia, Mo.
20. FILED 12-12-1938 W K McCall
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938 to Dec 11 1938
I last saw him alive on Dec 10 1938 Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 1938

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? X.Ray 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) W K McCall, M. D.
(Address) Laddonia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-38-624
Date Filed 1/11/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, H. G. Grainger, or by .....,

Registered Apprentice No. ....., working under my personal supervision.

Signed H G Grainger

Licensed Embalmer No. 1297

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.