

JUL 10 1939

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

21207  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Raw Primary Registration District No. 1002 Registered No. 2475  
(c) City Kansas City (d) Street No. B.C. Industrial Hospital 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

(a) Residence, No. 6800 Independence St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Bessie Boulch  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1880  
7. AGE YEARS 58 MONTHS 8 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steel Worker  
9. Industry or business in which work was done, as saw mill, bank, etc. Sheffield Steel  
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) Gravies Arkansas

FATHER 13. NAME John M. Boulch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER 15. MAIDEN NAME Ella Posey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs Bessie Boulch 6800 Independence

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE June 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos. K. Carson Independence, Mo.

20. FILED 919 39 M. M. Brome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1939

I HEREBY CERTIFY That I attended deceased from June 7, 1939, to June 17, 1939.

I last saw him alive on June 17, 1939. Death is said to have occurred on the date stated above, at 1:30 P. M.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: 34

Septicemia, secondary to peritonitis of appendix  
Date of onset two days ago

Name of operation none 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) W. B. [Signature] M. D.

(Address) 920 Newton St

KC 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.

WHILE LIVING, WITH OBTAINING THIS IS A PERMANENT RECORD

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**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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**