

REC'D SEP 12 1939

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

29125
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 606
(c) City SPRINGFIELD (d) Street No. 2700 W. Calhoun 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Frances R. Boles

(a) Residence, No. 2700 W. Calhoun 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas D. Boles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
76 5 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. In house
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Indiana

13. NAME Jeremiah Richardson

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

15. MAIDEN NAME Elizabeth Smith

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

17. INFORMANT (ADDRESS) Mrs. Gladys Forbrache Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Plains, Mo. DATE Aug. 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Lommeyer Springfield, Mo.

20. FILED Aug 3 1939 Chas A. Gorman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Aug 2, 1939
I last saw him alive on Aug 2, 1939. Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

Stones of right kidney
followed by infection
Date of onset thus known has
been the poor health for 2 yrs
Other contributory causes of importance:
Age 134 lb

Name of operation None Date of _____
What test confirmed diagnosis Test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 Fall
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Robert J. Williams, M. D.

(Address) Springfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P.O. Address *Springfield, Mo.*

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.

X