

DEC'D OCT 1 1939

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

32770
Do not use this space.

1. PLACE OF DEATH

(a) County Wade Registration District No. 449
 (b) Township _____ Primary Registration District No. 4267 Registered No. _____
 (c) City Lebanon - Wallace Hosp (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

436 Ralph Bouldware
 (a) Residence, No. 2 Hancock, Mo 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE
 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) MISSOURI

FATHER 13. NAME Loyd Bouldware

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

MOTHER 15. MAIDEN NAME Catherine Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Dakota

17. INFORMANT (ADDRESS) Loyd Bouldware Hancock Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE fox crossing DATE 9/28 39

19. FUNERAL DIRECTOR (ADDRESS) Fred H Gilbert Nixon Mo

20. FILED 9-26 39 J. A. McCoub Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1939 to Sept 26 1939
 I last saw him alive on Sept 26 1939 Death is said to have occurred on the date stated above, at _____ m.

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

Juliusen system at the coronal suture Date of onset Sept 24

Other contributory causes of importance: 172 lb

Name of operation decompression Date of Sept 23
 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?

If so, specify _____

(Signed) R. H. H. H. H., M. D.

(Address) Hancock Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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. 7,

District File Number 7-29-1397

Date Filed 10-9-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

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.)