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.

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

Do not use this space.

13627

9

1. PLACE OF DEATH

89

County _Ray_

Township _Crooked River_ Registration District No. _740_

Primary Registration District No. _5-975-_

City _____ (No. _____) St. _____ Ward.

File No. _____

Registered No. _____

2. FULL NAME _Ella V. Keith Boggear_

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds.

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

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 _Widowed_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Oct. 7 - 1858_

7. AGE YEARS _73_ MONTHS _5_ DAYS _22_ If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Living with_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _daughter_

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ray Co. Missouri_

13. NAME _Silas Keith_

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

MOTHER

15. correct MAIDEN NAME _Drusela M. Keith_

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

17. INFORMANT (ADDRESS) _Mrs. Forest Frazier_ _Hardin Mo._

18. BURIAL, CREMATION, OR REMOVAL PLACE _New Hope Cem_ DATE _Apr. 23 1932_

19. UNDERTAKER (ADDRESS) _Jno. W. Kirkschild_ _Hardin Mo._

20. FILED _4-23_ 1932 _R. R. Williford_ Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _April 22_, 19_32_

22. I HEREBY CERTIFY, That I attended deceased from _March 27_, 19_32_ to _April 22_, 19_32_

I last saw her alive on _April 21_, 19_32_. Death is said to have occurred on the date stated above, at _5:30_ A.m.

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

Date of onset

Myocarditis

_93 D_ _BR_

_95 B_

Other contributory causes of importance:

Cardio Renal Disease ①

Name of operation _____ Date of _____

What test confirmed diagnosis? _Clinical_ 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) _Carl H. Reed_, M. D.

(Address) _Hardin, Mo._