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

Do not use this space.

37233

DEC 20 1935

File No.

Registered No. 270

1. PLACE OF DEATH

County St. Louis Registration District No. 789

Township Central Primary Registration District No. 6033

City Carsonville, Mo. (No. At home, on Geiger & Lake Aves., St. Ward)

2. FULL NAME George B. Boughton,

(a) Residence, No. Rout 10, Box 434 Ferguson St., Mo. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF The Late Anna Boughton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1858.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	10.	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, 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) Wisconsin

FATHER

13. NAME ? Boughton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Henry Dale
(ADDRESS) Ferguson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE Nov. 12/35.

19. UNDERTAKER Jos. W. Clark,
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED 11-11-, 1935 Wm Backmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9/35., 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3rd, 1935, to Nov. 9/35., 19

I last saw him alive on Nov. 9/35., 19. Death is said to have occurred on the date stated above, at 11.55A.M.

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

	Date of onset
Bronchial Pneumonia	11-3-35
9 2	
Other contributory causes of importance: Chronic Myocarditis	11-3-30

Name of operation ..... 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) H. F. Colmer, M. D.

(Address) Pattonville 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.

Dr. Colemann H.T.,
Patonville, Mo.
Avery 567,