

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

Do not use this space.

782

1. PLACE OF DEATH

County Douglas Registration District No. 272
Township Benton Primary Registration District No. 5379
City Ada (No.) St. Ward

File No.
Registered No. 80

2. FULL NAME

Minnie Rebecca Boleh
(a) Residence, No. St. Ward

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 26, 1883</u>		
7. AGE	YEARS	MONTHS
	<u>52</u>	<u>11</u>
		DAYS
		<u>20</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Iron Mountain Mo.</u>		
FATHER	13. NAME <u>Gilbert Boleh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.C.</u>	
MOTHER	15. MAIDEN NAME <u>Nancy King</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Earl Hitchcock Ada Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabot Mo.</u> DATE <u>Jan 17, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Gaylor V. Elliott Cabot, Mo.</u>		
20. FILED <u>Jan 16, 1936</u> <u>Henry Burke</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 24, 1936 to Jan 16, 1936
I last saw her alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:
Influenza
Petechial Pneumonia
Date of onset 1/13/36

Other contributory causes of importance

Name of operation Pharyngotomy Date of
What test confirmed diagnosis Was there an autopsy? Y

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) R. W. Norman, M. D.
(Address) Ada 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.

Sent William H. Miller Jan 25, 1936