

MARGIN RESERVED FOR BINDING

II. B.—WRITE PLAINLY WITH FADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

State File No. 34182
 Registrar's No. 371

Registration District No. 1085 Primary Registration District No. 7474 ✓

1. PLACE OF DEATH:
 (a) County Muhlenberg
 (b) City or town Rural (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Mollenburg
 (c) City or town Rural (If outside city or town limits, write RURAL)
 (d) Street No. East Boggs (If rural, give precinct)
 (e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Freeman Boggett
 3(b) If veteran, _____ Social Security _____

Name war _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Jessie Boggett
 6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Feb 12 - 1898
 (Month) (Day)

8. AGE: Years 42 Months 9 Days 10 If less than one year, hr. _____ min. _____

9. Birthplace Todd Co Ky

10. Usual occupation Farmer + miner

11. Industry or business _____

FATHER
 12. Name W A Boggett
 13. Birthplace Ky

MOTHER
 14. Maiden name Delia McEwan
 15. Birthplace Ky

16(a) Informant's own signature Miss Delia McEwan
 (b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL
 Place Cliff Hill Date Dec 4 1939

18(a) Signature of funeral director Parke + Gary
 (b) Address Greenville Ky

19(a) Dec 7, 1939 (Date received by local registrar) (b) James Oates (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH Dec 2 1939
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw him alive on _____, and that death occurred on the date stated above at _____ M.
 Immediate cause of death: suicide shot self through head with 32 Cal. Bullet
 Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? or about home, on farm, in industrial place in public place? at home (Specify type of place)
 While at work? _____ (e) Means of injury gun

23. Signature Jessie Bryan (M. D. or other)
 Address Central City Mo 2-2-39