

CERTIFICATE OF DEATH

CLASS NO.

CENSUS TRACT NO.

NO. OF RECORD

36311

DISTRICT OF COLUMBIA HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

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| <p>1. PLACE OF DEATH:</p> <p>(a) Street address <u>10 West Myrtle St., Alex. Va.</u></p> <p>(b) Name of hospital or institution _____</p> <p>(c) Length of stay: In hospital or institution _____</p> <p>(d) In District of Columbia _____</p> | <p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Virginia</u> (b) County <u>Arlington</u></p> <p>(c) City or town <u>Rural</u>
<small>(If outside city or town limits write RURAL)</small></p> <p>(d) Street address <u>10 West Myrtle St., Alex. Va.</u>
<small>(If rural give location)</small></p> <p>(e) If foreign born, how long in U. S. A.? _____ years</p> |
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3. (a) FULL NAME (Print) Nettie Wood Boswell

3. (b) SOCIAL SECURITY NO. _____

3. (c) IF VETERAN, NAME WAR _____

4. SEX:	5. COLOR OR RACE	6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED
Female	White	Married

6. (b) NAME OF HUSBAND OR WIFE Francis G. Boswell

7. BIRTH DATE OF DECEASED March 3rd, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If LESS than one day _____ hr. _____ min.
	74			

9. BIRTHPLACE Washington, D. C.
(City, town or county) (State or foreign country)

10. USUAL OCCUPATION Housewife

11. INDUSTRY OR BUSINESS _____

Father { 12. NAME (Print) George W. Wood

13. BIRTHPLACE England
(City, town, or county) (State or foreign country)

Mother { 14. MAIDEN NAME (Print) Elizabeth F. Perkins

15. BIRTHPLACE Washington, D. C.
(City, town, or county) (State or foreign country)

16. (a) INFORMANT Francis G. Boswell

(b) ADDRESS 10 West Myrtle St., Alex. Va.

(c) RELATION OF INFORMANT TO DECEDENT Husband

17. (a) PLACE OF BURIAL, CREMATION, OR REMOVAL Burial
Congressional Cemetery

(b) DATE May 8th 1942
(Month) (Day) (Year)

18. (a) Thomas F. Murray
(Signature of funeral director)

(b) ADDRESS 2007 - Nichols Ave. S.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6th, 1942
(Month) (Day)
at 1:25 A. m.
(State exact time of death)

21. I HEREBY CERTIFY that I attended the deceased from _____, 19____, to _____, 19____;

That I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death <u>Arteriosclerosis</u>	DURATION
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Due to _____

Due to _____

Other conditions _____

(Include report of pregnancy within 3 months of death)

OPERATION:

Name _____ Date _____

Major findings _____

Autopsy findings _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, in industrial place, in public place? _____
(Specify type of place)

(e) Means of injury _____

23. SIGNATURE J. C. McClure M.D.

Address 520 Prince St. Alex. Date signed 5/6/42

Va.

MARGIN RESERVED FOR BINDING

THIS IS A PERMANENT RECORD. PLEASE FILL OUT WITH TYPEWRITER (EXCEPT SIGNATURES) OR WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY; if unknown, give approximate age. PHYSICIANS should state CAUSE of DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. Space for remarks may be found on the other side.