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

Do not use this space.

21356

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 2701
Township: Kans. — Primary Registration District No.: 1002 — Registered No.:
City: Kansas City (No.) 111 S. Kensington St. (Ward)

2. FULL NAME: Mary E. Boyer
(a) Residence. No. 111 S. Kensington St. Ward. 10 (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. M. Boyer
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 13, 1861
7. AGE: Years 65 — Months 9 — Days 22 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Va.

PARENTS
10. NAME OF FATHER: J. Nelson Claiborne
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Mary E. Sedwick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Va.

14. INFORMANT: Wm. M. Boyer
(Address): 111 S. Kensington
15. FILED: 7/6, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 5 1927
17. I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to July 5, 1927, that I last saw ... alive on July 5, 1927, and that death occurred, on the date stated above, at 7:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arthritis deformans
Chr. myocarditis (Terminal)
93C
37M
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? not known
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Jannett Fraser, M.D.
7/6, 1927 (Address) 307 Rialto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL: ~~Forest Hill~~ Newcomer's Vault — DATE OF BURIAL: 7-7 1927
20. UNDERTAKER: H. N. Newcomer's — ADDRESS: Sheet 6, Mo.

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.

THIS CERTIFICATE, WHEN COMPLETED, WITH ENGRAVING INK, IS A PERMANENT RECORD

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10; 20 - 12; 1 - 3.