27 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22597

1. PLACE OF DEATH MOUNT ST. ROSE, ST. LOUIS
County
Township BARONDELET
City (No. Mt. St Rose Hosp. St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 E

File No.
Registered No. 216

2. FULL NAME Miss Olivia Boyer
(a) Residence. No. 1282 Hamilton St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19, 1900

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
28	8	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Festus, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wm A. Boyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Bloomdale Mo
12. MAIDEN NAME OF MOTHER Alice Carron
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Bloomdale Mo

14. INFORMANT Harry B. Boyer.
(Address) 1282 Hamilton

15. FILED June 6, 1929 L. C. Abort M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-5-29 19

17. I HEREBY CERTIFY, That I attended deceased from 1-18-28, 19, to 6-5-29, 19, that I last saw h alive on 6-5-29, 19, and that death occurred, on the date stated above, at 9:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
CHRONIC PULMONARY TUBERCULOSIS
21 (Pulmonary Hemorrhage)
22B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 21
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Various
(Signed) Andrew C. Henske, M. D
, 19 (Address) MOUNT ST. ROSE.
Resident Physician

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Festus Mo
DATE OF BURIAL June 8 1929.

20. UNDERTAKER Mullen Undt Co
ADDRESS 5165 Delmar.

N. B.—Every item of information should be carefully supplied. Age should be stated in years. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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