

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.

JAN 19 1931

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

Do not use this space.

39135

PLACE OF DEATH

County Greene Registration District No. 318  
Township N. Campbell Primary Registration District No. 5439  
City Springfield Mo. R. R. # 4 - Box 229 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 913

2. FULL NAME Flora Alice Boyes  
(a) Residence. No. R 4 Box 229 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.S. Boyes  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25 1899  
7. AGE YEARS 31 MONTHS 5 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. BIRTHPLACE (CITY OR TOWN) Lebanon (STATE OR COUNTRY) Mo

10. NAME OF FATHER George B King  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) ennessee  
12. MAIDEN NAME OF MOTHER Caroline Woods  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Mo

14. INFORMANT W.S. Boyes (Address) 862 N Campbell St

15. FILED 12-8-30 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1930  
17. I HEREBY CERTIFY, That I attended deceased from 12-1- 1930 to 12-7- 1930 that I last saw h. he alive on 12-7- 1930 and that death occurred, on the date stated above, at 2 20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental poisoning  
47B  
416C  
4-4-4 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_  
19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
20. WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) W.S. Armstrong M. D.  
12-8-1930 (Address) Springfield Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenlawn DATE OF BURIAL Dec 8 1930

20. UNDERTAKER F. E. Pieme ADDRESS Springfield Mo

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