

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

Do not use this space.

7026

1. PLACE OF DEATH  
 100 County Scott Registration District No. 816 File No. \_\_\_\_\_  
 4 Township \_\_\_\_\_ Primary Registration District No. 4492 Registered No. 6  
 4 City Chaffee Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Barbara Ellen Boyer, Martha Ellen  
 (a) Residence, No. Chaffee Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 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 Louis Boyer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-18-1862  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 8 8  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Co, Ill  
 MOTHER 13. NAME Mose Marshall  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 MOTHER 15. MAIDEN NAME Sara Philips  
 FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 17. INFORMANT Jeanne Williams Edwards  
 (ADDRESS) Chaffee Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Park (DATE) Feb 27, 1932  
 19. UNDERTAKER Brightbrink & Harold  
 (ADDRESS) Chaffee Mo  
 20. FILED 2-26-1932 W.C. Fume  
 Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1932, to 2-26, 1932  
 I last saw him alive on 2-25, 1932 Death is said to have occurred on the date stated above, at 10:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Left Heart phlebia Date of onset 1/2/32  
Diabetes Mellitus about 10 years ago  
 Other contributory causes of importance:  
59 54 1  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Fly virus Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W.C. Fume, M. D.  
 (Address) Chaffee Mo

... WITH UNFADING INK... THIS IS A PERMANENT RECORD

N. B.—Every statement 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.

719 12 5 1832

Chaffee, Missouri, March 12, 1932.

State of Missouri)  
                                  : SS  
County of Scott)

Louis Boyer, being first duly sworn,  
says that he is the husband of Martha Ellen Boyer,  
deceased, for whom death certificate Number Six,  
Register Number 4492 was issued by Dr. G. A. Sample  
local registrar, Chaffee, Missouri February 26th 1932.  
Affiant further states that one J. W. Edwards furnished  
the said local registrar with information for said death  
certificate giving her name as "Barba Elen Boyer" which  
was not correct, same should have been Martha Ellen Boyer  
and this affidavit is made for the purpose of correcting  
said certificate.

Louis Boyer

Subscribed and sworn to before me this 12th day of  
March 1932.

Alvin Pappin  
Notary Public.

My term expires April 13th 1933.

Chaffee, Missouri, March 12, 1932

State of Missouri)  
; SS  
County of Scott)

J. W. Edwards, being first duly sworn, says that he supplied information to Local Registrar, Dr. G. A. Sample, for death certificate Number Six, Register Number 4492 Chaffee, Missouri. Affiant further states that he gave the name of the deceased as "Barba Elen Boyer" whereas the correct name should have been Martha Ellen Boyer. This affidavit is made for the purpose of correcting the above described death certificate.

J. W. Edwards

Subscribed and sworn to before me this 12th day of  
March 1932.

Alvin Papp  
Notary Public

My term expires April 13, 1933.