

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.

Kraus AUG 18 1936

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

Do not use this space.

25994

1. PLACE OF DEATH

County Osceola Registration District No. 213
Township Jefferson Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

File No. _____
Registered No. 202

2. FULL NAME

Harold Dean Boyce
(a) Residence, No. 402 S. State, Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1934

7. AGE YEARS 2 MONTHS 5 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked in this occupation (month and year) _____ 11. Total time (years) _____
_____ (years) in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

MOTHER 13. NAME Anna Boyce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Anna Boyce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 17. INFORMANT (ADDRESS) Harold A. Boyce

18. BURIAL, CREMATION, OR REMOVAL PLACE New City DATE July 13 1936

19. UNDERTAKER (ADDRESS) Harmon G. Gamm

20. FILED 7-14-1936 W. B. Gamm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1936

22. I HEREBY CERTIFY That I attended deceased from July 8 1936 to July 11 1936

I last saw him alive on July 11 1936 at 5:30 am Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Sobae Pneumonia
Acute Infectious Date of onset 7/9

Other contributory causes of importance:
Acute Gastric - enteric infection %

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? Partial

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? _____

If so, specify _____

(Signed) W. B. Gamm, M. D.

(Address) Jefferson City Mo

