

REC'D AUG 24 1939

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH

STATE OF TENNESSEE

MO DIV. OF VITAL STATISTICS

COOPERATING WITH DEPT. OF COMMERCE

BUREAU OF THE CENSUS

REG. NO. 26272

REG. DIST. NO.

1. FULL NAME *John M. Boyer* (FIRST MIDDLE (SUFFIX)) 2. DATE OF DEATH *August 5 1939* (MONTH DAY YEAR)

3. PLACE OF DEATH:

A) COUNTY *Mississippi* CIVIL DISTRICT *#1*B) CITY OR TOWN *Decatur Mo. Route #3* (IF OUTSIDE CITY LIMITS, WRITE RURAL)C) NAME OF HOSPITAL *at home* (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)

D) LENGTH OF STAY: IN HOSPITAL IN COMMUNITY

5. RACE OR COLOR *W* 6. SEX *M* 7. SINGLE, MARRIED, WIDOWED, DIVORCED8. AGE *66* YEARS MONTHS *9* DAYS *28* IF LESS THAN ONE DAY HRS. MINS.9. DATE OF BIRTH: MONTH *June* DAY *7* YEAR *1873*10. PLACE OF BIRTH: CITY OR COUNTY *Decatur* STATE OR COUNTRY *Tenn*11. HUSBAND OR WIFE OF *Ida* AGE OF HUSBAND OR WIFE, IF LIVING YEARS12. IF VETERAN NAME OF WAR SOCIAL SECURITY NUMBER 13. USUAL OCCUPATION *Farmer*

14. INDUSTRY OR BUSINESS

15. FULL NAME *Richard Boyer*BIRTHPLACE CITY OR COUNTY *Decatur* STATE OR COUNTRY *Tenn*16. MAIDEN NAME *Sola Butler*BIRTHPLACE CITY OR COUNTY *Decatur* STATE OR COUNTRY *Tenn*

17. INFORMANT

ADDRESS

18. BURIAL, REMOVAL OR CREMATION *Burial* DATE *8-6* 19 *39*CEMETERY *Waywood Place Waywood*19. UNDERTAKER *J. W. Curry & Son*ADDRESS *Waywood* BY *Jack*

DATE FILED

19

REGISTRAR

4. LEGAL RESIDENCE:

A) STATE *Mo.*B) COUNTY *Mississippi* CIVIL DISTRICT *#1*C) CITY OR TOWN *Horton Mo. Route #3* (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)

D) STREET NO.

E) IF FOREIGN BORN HOW LONG IN U.S.A.

YRS.

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *Jan* 19 *39* TO *Aug 5* 19 *39*AND THAT I LAST SAW HIM ALIVE ON *Jan* 19 *1939*

AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

IMMEDIATE CAUSE OF DEATH:

Cancer of Stomach

DURATION

DUE TO: *46*

OTHER CONDITIONS

(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATION? FINDINGS

AUTOPSY? FINDINGS

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)

B) DATE OF OCCURRENCE

C) WHERE DID INJURY OCCUR CITY COUNTY STATE

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?

WHILE AT WORK

MEANS OF INJURY

SIGNATURE *George W. Whitaker* M.D.ADDRESS *East Prairie Mo* DATE SIGNED *8/19/39*

CERTIFIED COPY ISSUED

DATE _____ NUMBER _____

1-2
10

REGULATIONS FOR FILING DEATH CERTIFICATES (SEC. 5862, CODE OF 1932)

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR OBTAINING AND FILING THE COMPLETED DEATH CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE UNDERTAKER PREPARES THE PERSONAL AND STATISTICAL PARTICULARS OF THE CERTIFICATE. THE SIGNATURE OF THE INFORMANT IS REQUIRED.

THE SIGNATURE AND ADDRESS OF THE UNDERTAKER IS REQUIRED.

THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE PREPARED AND SIGNED BY THE PHYSICIAN LAST IN ATTENDANCE. THE PHYSICIAN CANNOT AUTHORIZE OTHER PERSONS TO SIGN FOR HIM.

WHERE DEATH OCCURS WITHOUT MEDICAL ATTENDANCE, THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE SIGNED BY THE HEALTH OFFICER OF THE COUNTY WHERE DEATH OCCURRED.

CAUSE OF DEATH IS TO BE STATED, AND THE CERTIFICATE SIGNED BY THE CORONER WHERE INQUESTS ARE HELD.

ALL ITEMS SHOULD BE COMPLETE. INSERT "UNKNOWN" WHERE DEFINITE INFORMATION CANNOT BE OBTAINED.

ADDITIONAL INFORMATION BY PHYSICIAN.

FILED IN DISTRICT OF COLUMBIA
RECEIVED JAN 10 1932
FBI

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26272
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566
(b) Township Long Prairie Primary Registration District No. 3764
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 91

2. PRINT FULL NAME

John M. Boyer
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 7 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
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) Tenn

FATHER 13. NAME Richard Boyer

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

MOTHER 15. MAIDEN NAME Sarah Butler

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Raymond DATE 8-6, 1939

19. FUNERAL DIRECTOR (ADDRESS) W. Curry & Sons
Dyersburg Tenn

20. FILED 9-9-1939 J. S. Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 1939

I HEREBY CERTIFY, That I attended deceased from Jan 1939 to Aug 2-, 1939
I last saw him alive on Jan, 1939. 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:

Cancer of Stomach Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1939

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) Geo. W. Whitaker, M. D.

(Address) _____

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1939

S-26.272