

REC'D SEP 20 1939

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

29340

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 403
(b) Township Brookings Primary Registration District No. 5557 Registered No. _____
(c) City Kansas City, Mo. (d) Street No. 7300 Sycamore 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.

2. PRINT FULL NAME

(a) Residence, No. 6218 Paseo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilbur T. Boyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1869
7. AGE YEARS MONTHS DAYS 70 1 12 1/2 LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
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 _____

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo
13. NAME Brunell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
15. MAIDEN NAME Jane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Dr. Arthur B. Boyer
6218 Paseo
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 8-8-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. Newcomer's Son
1401 Brookings
20. FILED 8-5-1939 McEubank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 193922. I HEREBY CERTIFY, That I attended deceased from May 19 1938, to Aug 5 1939I last saw her alive on June 4 1939. Death is said to have occurred on the date stated above, at 9 p m.

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

Carcinoma BreastDate of onset 5/20/37

Other contributory causes of importance:

Exhaustion -
Hypertatic PneumoniaName of operation Mastectomy Date of May 1 1938What test confirmed diagnosis? Physical Was there an autopsy? No23. 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) L. D. Marley, M. D.(Address) 815 Meeset

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.

815 Mc Neal
10A.M-12-June

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed George M. Collier

Licensed Embalmer No. 3839

P. O. Address H. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.