

1939 OCT 19 1939

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

33806
Do not use this space.

1. PLACE OF DEATH

(a) County Washington 2 Registration District No. 887
(b) Township Union 1 Primary Registration District No. 6182 Registered No. _____
(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.

2. PRINT FULL NAME

(a) Residence, No. 611 John Tobie Boyer St. (If nonresident, give city or town and State)
(Local place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
- HUSBAND OF Lucy B Boyer
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
68 8 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) Old Mines Mo

FATHER
13. NAME Frank D. Boyer

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

MOTHER
15. MAIDEN NAME Julia Portell

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

17. INFORMANT (ADDRESS) Edmond Boyer
Cadet No. R1-0

18. BURIAL, CREMATION, OR REMOVAL
PLACE OLD MINES DATE 8-8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. B. Boyer & Son
TOTOSI Mo

20. FILED Sept 1 1939 G. F. Beranek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1939, to 8-7 1939
I last saw him alive on 7-31 1939. Death is said

to have occurred on the date stated above, at 12:00 A. M.
The principal cause of death and related causes of importance were as follows:

Apoplexy
arterio-sclerosis
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 _____, 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) Joseph L. Thurman M. D.
(Address) Totosi, Mo

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.

Handwritten notes at the top of the page, possibly including a date and name.

Handwritten initials or a signature.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.