FILED AUG 2 ...

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

2

25502
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson — Registration District No. 421
(b) Township Plattin — Primary Registration District No. 5376 — Registered No. 71
(c) City Plattin — (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 Life mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elba Donnell Boyce
(a) Residence, No. Plattin Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William G. Boyce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1852

7. AGE — Years: 88 — Months: 0 — Days: 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Dairy Farm
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattin Missouri 0

FATHER
13. NAME Thomas L. Donnell 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RushTower Missouri 0

MOTHER
15. MAIDEN NAME Mary McCormack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattin Missouri

17. INFORMANT Mrs A. L. Reese
(ADDRESS) ~~Festus~~ Missouri Plattin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo. DATE 7/23/40, 19..

19. FUNERAL DIRECTOR (NAME) Duester - Vinyard 382
(ADDRESS) Festus Mo.

20. FILED 7/26 1940 J E Rutledge
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st., 1940

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1940, to July 21, 1940
I last saw him alive on July 21, 1940. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease — Date of onset June 15, 1940

Other contributory causes of importance:

Name of operation — Date of ....
What test confirmed diagnosis? — 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) Clarence E. Crosby D.O., ~~M.D.~~
(Address) 204 Main St. Festus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 I X14028

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, H F Wingard, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed H F Wingard

Licensed Embalmer No. 3010

P. O. Address Jefferson 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.