

SEP 1 1940

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

28592
Do not use this space.

1. PLACE OF DEATH 2

(a) County Grundy Registration District No. 329

(b) Township E. Marion Primary Registration District No. 3434A

(c) City Galtmo R 7.9 (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 Mary Elizabeth Boyers

(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 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 M. S. Boyers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1856

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

84 0 21

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. Farming

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ill.

FATHER

13. NAME Mr Bailey

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

MOTHER

15. MAIDEN NAME Louisa Jane Moffitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maddison Co. Ill.

17. INFORMANT (ADDRESS) Mrs Maggie Swan Des Moines Ia.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boyers Cem. Marion DATE Aug 20 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. D. Boyers & Son Galt Mo

20. FILED Aug 22 1940 Mrs Mabel Warren Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1940, to Aug 15, 1940.

I last saw her alive on Aug 15, 1940. Death is said to have occurred on the date stated above, at 5:30 A. 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: High Blood Pressure

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 _____, 1940

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) M. E. Boyers M. D.

(Address) Galt 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.

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..... *R. Payne*
Licensed Embalmer No. *2257*
P. O. Address..... *Galt 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.