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.

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

Do not use this space. 8152

FILED MAR 10 1944

1. PLACE OF DEATH

94 County St. Francois — Registration District No. 316 — File No. 24

Township St. Francois — Primary Registration District No. 6075 — Registered No. 406

0 City ~~Farmington~~ (No. 2 Mo. State Hospital No. 4 St. Ward)

0 **2. FULL NAME** PRESTON BOYER

(a) Residence, No. Old Mines, Mo. St., Ward. Old Mines, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: 0 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): 0 Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 29, 1884

7. AGE: YEARS 59 — MONTHS 0 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. 0 Missouri

FATHER
13. NAME: Clement Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. Mo 0

MOTHER
15. MAIDEN NAME: Josephine Declu
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. Mo. 0

17. INFORMANT (ADDRESS): Records State Hospital No. 4 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., Farmington, Mo. DATE 1-27-44 19

19. UNDERTAKER (ADDRESS): B. J. Miller, Farmington, Mo.

20. FILED 2-5 1944 Byrdie Bukmester Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1944, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1944, 19, to Jan. 24, 1944, 19
I last saw him alive on January 24, 1944 19 Death is said to have occurred on the date stated above, at 9:40 m. P. M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia not specified c̄ empyema.

Date of onset

Other contributory causes of importance:
Autopsy findings:
Fluid in both chest cavities c̄ consolidation of lungs.

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Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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 No
(Signed) [signature] 0, M. D.
(Address) 408 W First

RECEIVED

District Health Officer No. 4

Licence Number 344 - 3477

Date 3-7-44.

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 Not Embalmed Registered Apprentice No. _____ working under my personal supervision.

Signed Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, Mo.