

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

PLACE OF DEATH  
County Jackson  
Township Kaw  
or  
Village \_\_\_\_\_  
or  
City Kansas City (NO. St. Joseph's Hospital St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 399  
Primary Registration District No. 1002  
File No. 29873  
Registered No. 2972

FULL NAME Walter Powell Hoyer

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF DEATH September 13, 1913  
(Month) (Day) (Year)

DATE OF BIRTH September 15, 1874  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 25, 1913, to Sept 13, 1913, that I last saw him alive on Sept 13, 1913, and that death occurred, on the date stated above, at 4:50 P.M.

AGE 18 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Institutional Hemorrhage  
Contributory Typhoid Fever  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Arkansas

NAME OF FATHER John M. Hoyer

BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri

MAIDEN NAME OF MOTHER Ellen McWilliams

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

(Signed) R. C. McClure M. D.  
9/14, 1913 (Address) 810 West Main Bldg. K.C. Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds.

Where was disease contracted If not at place of death? Tongandie, Kans.

Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Olive Kallenbeck

(ADDRESS) 814 S. 10 at Kan City

SEP 14 1913 Filed \_\_\_\_\_ 1913 W. S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Tongandie Kans. DATE OF BURIAL Sept. 15, 1913

UNDERTAKER Eylan Bros. ADDRESS 14 + Main

Give full name of informant and address. Informant 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.

