

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

Do not use this space.

V 20472 B  
File No. \_\_\_\_\_  
Registered No. 188  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Wagon Registration District No. 875  
Township Washington Primary Registration District No. 06162  
City Waverly (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME D. B. Boyal**

(a) Residence No. Waverly Mo. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced  
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.K.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1864  
7. AGE YEARS 62 MONTHS 12 DAYS 12 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

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

9. BIRTHPLACE (CITY OR TOWN) Lawrence Co  
(STATE OR COUNTRY) D.K.

10. NAME OF FATHER D. B. Boyal  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.  
(STATE OR COUNTRY) Tenn  
12. MAIDEN NAME OF MOTHER Lucia Gresham  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.  
(STATE OR COUNTRY) Tenn

14. INFORMANT D. W. D. Owen  
(Address) Waverly Mo

15. FILED 10/26/27 C. R. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1927  
17. I HEREBY CERTIFY, That I attended deceased from 2-1- 1927, to 6-21 1927, that I last saw him alive on June 21 1927, and that death occurred, on the date stated above, at 12:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paras

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED both  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST-CONFIRMED DIAGNOSIS? Wasserman  
(Signed) G. B. Farrell, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
6-23-27 (Address) Waverly Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Eurton Mo DATE OF BURIAL 6/22 1927

20. UNDERTAKER Surp ADDRESS Waverly 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.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Vernon Registration District No. 875 File No. \_\_\_\_\_  
 Township Washington Primary Registration District No. 6162 Registered No. 188  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

D. R. Hoyal  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>D</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)		
10. NAME OF FATHER _____		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER _____		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY)		
14. INFORMANT _____ (Address)		
15. <u>12-28-27</u> <u>E. A. King</u> FILED _____ REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Paresis (syphilitic)

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Dr. G. B. Darrell, M. D.  
 , 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY  
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K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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