

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

Do not use this space.

22742

1. PLACE OF DEATH

County.....
 Registration District No. **791**
 Township.....
 Primary Registration District No. **1003**
 City.....*St Louis Mo* (No. *Priscoe Hopt*)

File No.....
 Registered No. **16388**
 St. Ward)

2. FULL NAME

Edward J. Boyer
 (a) Residence. No. *4209 Walnut* St., *12* Ward. *Kansas City Mo*
 (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
 4. COLOR OR RACE
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male white married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Maud Boyer

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

Oct 1, 1873

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

53 9 11

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.....

*Jewelryman
 Frisco*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Victor Boyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Margaret Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

14. INFORMANT

Mrs. Maud Boyer

(Address) *4926 Laclede Ave.*

15. FILED

12 1927 Max C. Starkloff

19. *1927*

MEDICAL CERTIFICATE OF DEATH

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

7/12 1927

17. HEREBY CERTIFY, That I attended deceased from *6-14-27* to *7-12-27*

that I last saw him alive on *7-12-27* and that death occurred, on the date stated above, at *7-12-27* a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
 (duration) *1 yrs. 8 mos. ds.*

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

1290

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No.* DATE OF.....

WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *R. B. Allen*, M. D.

, 19 (Address) *Priscoe Hopt St. Louis*

*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

Kansas City Mo *July 12 1927*

20. UNDERTAKER ADDRESS *5765*

Mullen and Co. Delmas

X. 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.

WITH OBTAINING THIS IS A PERMANENT RECORD

