25 1928

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

Do not use this space.

9728

1. PLACE OF DEATH
County McDonald
Township Prairie
City Southwest City Route #2 (No. ..... St. ..... Ward)
Registration District No. 315
Primary Registration District No. 5687
File No. .....
Registered No. .....

2. FULL NAME Ida Franklena Boyce
(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: 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 William H Boyce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13th 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70		6	

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

9. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY) Preston, Iowa

PARENTS
10. NAME OF FATHER Britton R Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louisa Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

14. INFORMANT Mrs A L Blake
(Address) Southwest City Mo R#2

15. FILED 3/20 1928 John J. Nichols
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from March 18th, 1928, to March 19th, 1928 that I last saw her alive on March 19th, 1928 and that death occurred, on the date stated above, at 10.40 P.M.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy

[illegible] (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) G V Payne, M. D
, 19 (Address) Southwest City Mo

*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: Homestead Oklahoma
DATE OF BURIAL: March 22 1928

20. UNDERTAKER: Nichols Brothers
ADDRESS: Southwest City 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.