SEP 28 1928

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

Do not use this space.

29899

1. PLACE OF DEATH
County Callaway — Registration District No. 109 — File No.
Township Cedar — Primary Registration District No. 5158 — Registered No. 428
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Harrison Boyce
(a) Residence. No. ..... St., ... Ward ..... (If nonresident give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Ella Boyce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 1864

7. AGE: Years 63 — Months 11 — Days 27 — 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) (STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER G. E. Boyce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Imogene Boyce
(Address) New Bloomfield Mo

15. FILED Sept 27, 1928 Emil Rusk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-19 1928

17. I HEREBY CERTIFY, That I attended deceased from Viewed body after death, 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic heart lesion
PSB
Sudden (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Don't Know
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Emil Rusk, M. D
9/14, 1928 (Address) Dennyhomfield 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: New Bloomfield Mo — DATE OF BURIAL: 9/28 1928

20. UNDERTAKER: Ray A Holt — ADDRESS: New Bloomfield

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.