

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

Do not use this space.

B. 33842

1. PLACE OF DEATH

County *Jackson*
 Township *Kan*
 City *K.C. Mo.*

Registration District No. *1002*
 Primary Registration District No. *K.C. General Hospital*

File No. *5139*
 Registered No. *4384* Ward *1301*

2. FULL NAME

Earl M. Boyter *519 W 12th*

(a) Residence. No. *Cardova Hall* St., *1* Ward.

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. (If nonresident give city or town and State)

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 *Flora Boyter*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept-28-1890*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *38 1 2*

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Brakeman for*
 (b) General nature of industry, business, or establishment in which employed *Mo. Pacific &*
 (c) Name of employer *R. S. R. Ry.*

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

10. NAME OF FATHER *Wm Boyter*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Kansas*
 12. MAIDEN NAME OF MOTHER *No Record*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *No Record*

14. INFORMANT *Mrs. Flora Boyter*
 (Address) *1024 Jefferson St.*

15. FILED *10/30/28* *M. A. Craige* REGISTRAR
rock

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 30 1928*
 17. I HEREBY CERTIFY, That I attended deceased from *Deputy Coroner*
 _____, 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:
Acute dilatation of heart

CONTRIBUTORY (SECONDARY) *Chronic Endocarditis*
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? *yes*
 WHAT TEST CONFIRMED DIAGNOSIS? *Ed. Gump*
 (Signed) *Henry G. Gump* M. D.
10/30, 1928 (Address) *Deputy Coroner*

*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 *Topeka Kans, Oct 31, 1928*
 DATE OF BURIAL

20. UNDERTAKER *Mrs. C. L. Foster* K.C. Mo.
 ADDRESS

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

