

NOV 24 1928

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

Do not use this space.

1. PLACE OF DEATH

County Washington
Township Union
City (No. _____) _____ St. _____ Ward _____

Registration District No. 887
Primary Registration District No. 6182

File No. 35083
Registered No. 100

2. FULL NAME

William Lawrence Boyer

(a) Residence, No. _____ St. _____ Ward _____
(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. (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)

Single

5A. If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF

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

July 22, 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day or 3 min.

3

7

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Old Mines Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Walter Boyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Old Mines Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Esther Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Bellevue

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Lawrence Boyer
Old Mines Mo

15. FILED

10/29, 1928

Jos. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

Oct. 29 1928

17.

I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928, to Oct 29, 1928, that I last saw him alive on Oct 27, 1928, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

1130 11A 109 1131B
Scarlet Enteritis

CONTRIBUTORY (SECONDARY)

Influenza (duration) yrs. mos. ds. 6
1 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. H. Russell M. D.

10/29, 1928 (Address) Old Mines 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

Boyer
Old Mines, Mo
J. L. Boyer & Sons

DATE OF BURIAL

10/29 1928

20. UNDERTAKER

ADDRESS

Public Bur.

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.

