

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

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39796

1. PLACE OF DEATH

County Cass

Registration District No. 153

File No.

Township Polan

Primary Registration District No. 5-117

Registered No. 16

City Freeman

(No.) St. Ward)

2. FULL NAME

Melissa Elura Boyar

(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. 8 mos. — da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Boyar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
78 — 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) Missouri

PARENTS

10. NAME OF FATHER John Beck

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

12. MAIDEN NAME OF MOTHER Miss Francis Smith

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

14. INFORMANT H. A. Boyar (Address) Freeman Mo.

15. FILED Nov 10 1928 Wm J. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928, to Dec 7, 1928, that I last saw her alive on Dec 8, 1928, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Nephritis
132 B
H. A. Boyar (duration) yrs. mos. da.
CONTRIBUTORY Heart Disease (SECONDARY) (duration) yrs. mos. da.

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? Clinical

(Signed) J. N. Parrish, M. D.

Dr. J. N. Parrish (Address) Freeman 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 . DATE OF BURIAL

Freeman 12/9 1928

20. UNDERTAKER ADDRESS

Rummelburger Bros Co Harrisonville

N. S. B. Registration 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.

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