

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

Do not use this space.

1649

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township Jackson Primary Registration District No. 5575
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Alfred Boyer
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) Crystal City, Mo.
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jasper A. Boyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomdale
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Anna Bytighler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Beble
 (STATE OR COUNTRY) Missouri

14. INFORMANT Jasper A. Boyer
 (Address) Crystal City, Mo.

15. FILED 1/30, 1930 J. B. Rutledge
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1930, to Jan 27, 1930, that I last saw him alive on Jan 27, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intra cranial hemorrhage during birth

No Code (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Instrument Delivery
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Novello Jarric, M. D.
1/30, 1930 (Address) Fustus 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 Blossie Oak Cemetery DATE OF BURIAL Jan 28, 1930

20. UNDERTAKER J. B. Rutledge ADDRESS Bloomdale

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.

FEB 20 1930

