

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

Do not use this space.

9533

MAY 27 1930

1. PLACE OF DEATH

County Mercer
Township Medamore
City..... (No..... St..... Ward)

Registration District No. 559
Primary Registration District No. 5763

File No.....
Registered No.....

2. FULL NAME

Langford Melvin Boyker
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-20 1930

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....12:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Boiler Explosion
3:05 AM

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 25 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 | 2 | 28

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

CONTRIBUTORY (SECONDARY) 187 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) H. J. Boyker, M. D.

, 19 (Address) Richard-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.

9. BIRTHPLACE (CITY OR TOWN) Adams Co
(STATE OR COUNTRY) Ill

10. NAME OF FATHER John Boyker

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

12. MAIDEN NAME OF MOTHER Martha Boyker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adams Co
(STATE OR COUNTRY) Ill

14. INFORMANT Melvin Boyker
(Address) Richard-Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hall Ranch DATE OF BURIAL 3-22 1930

15. FILED 4/1 1930 C. L. M. Clencham
REGISTRAR

20. UNDERTAKER H. J. Martin ADDRESS Harris

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.

