

APR 30 1930

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

Do not use this space.

10020

1. PLACE OF DEATH

County St. Francois  
Township Randolph  
City Desloge (No. .... St. .... Ward)

Registration District No. 779  
Primary Registration District No. 6024A

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

2. FULL NAME Marcella Maril 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-28 1930

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

17. I HEREBY CERTIFY, That I attended deceased from 3-28, 1930, to 3-28, 1930, that I last saw her alive on 3-28, 1930, and that death occurred, on the date stated above, at 5:00 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 - 1928

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Laryngeal Diphtheria

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 9 10

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desloge Mo

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

10. NAME OF FATHER Ed J. Boyer

WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? Clinical

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

(Signed) H. Clark, M. D. 3-30-, 1930 (Address) Desloge Mo

12. MAIDEN NAME OF MOTHER Elail Thurman

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

14. INFORMANT Ed J. Boyer (Address) Desloge Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Francois DATE OF BURIAL Mar 30 1930

15. FILED 4-2-1930 R. P. Richter REGISTRAR

20. UNDERTAKER C. J. Boyer ADDRESS Desloge Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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