WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

11026

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3059

City St Louis (No. ....., St. Johns Hospital St. ..... Ward)

**2. FULL NAME** Benedict Robert Boyer

(a) Residence. No. ..... St., 12 Ward. De Soto Mo
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7 1877

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 2 | 18 | |

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

9. BIRTHPLACE (CITY OR TOWN) Tiff
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thos. Boyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste Genevieve
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Sophia Boyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bliss
(STATE OR COUNTRY) Missouri

14. INFORMANT John H Cook
(Address) Tiff, Mo

15. FILED ..... 19.. Max C Starkey REGISTRAR

4

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/23/30, 19..., to 3/25, 1930 that I last saw him alive on March 25, 1930, and that death occurred, on the date stated above, at ..... m.

121A THE CAUSE OF DEATH* WAS AS FOLLOWS:
129 Ruptured Appendix with
69 Bacterial peritonitis

..... (duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) Toxemia following ruptured appendix c̄ Peritonitis (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Tiff Missouri
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/25/30
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Pathological Exam.

(Signed) Richard C. Kane, M. D.
3/26, 1930 (Address) 307 South Euclid

*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 |
|---|---|
| De Soto, Mo | 3-28 1930 |
| **20. UNDERTAKER** | **ADDRESS** |
| Dietrich Fnd Co | De Soto, Mo |

429 N. Ea