

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

Do not use this space.

24068

File No. 133
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Francois
Township _____
City Flat River (No. _____)

Registration District No. 774
Primary Registration District No. 60180
4465

2. FULL NAME

(a) Residence. No. Baby Boyer St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-11-30

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work mil.
(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) Flat River Mo

10. NAME OF FATHER J. C. Cooper

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Madison Co. Mo.

12. MAIDEN NAME OF MOTHER Albie Clouse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Madison Co. Mo.

14. INFORMANT J. C. Cooper
(Address) Flat River Mo

15. Boyle 19 30 W. Boyer REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-15-1930

17. I HEREBY CERTIFY, That I attended deceased from 7-11-30, 1930, to 7-15-30, 1930, and that I last saw him alive on 7-14-30, 1930, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159
(duration) yrs. mos. da.

CONTRIBUTORY Sam
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1610 R
IF NOT AT PLACE OF BIRTH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) W. Boyer, M. D.

7-15-1930 (Address) Flat River 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Parkview Cemetery DATE OF BURIAL 7-15-1930

22. UNDERTAKER Raymond Caldwell ADDRESS Flat River 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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