

NOV 26 1930

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

Do not use this space.

33649

1. PLACE OF DEATH

County Newport
Township Rayton
City Racine (No. _____)

Registration District No. 611
Primary Registration District No. 5815

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

2. FULL NAME

Edna Francis Boydston

(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House wife (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) Mo

10. NAME OF FATHER Peter Bueckert

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT H. Boydston (Address) Racine Mo

15. FILED 10/29 1930 C. Morris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/27 1930

17. I HEREBY CERTIFY That I attended deceased from Oct 23 1930 to Oct 27 1930 that I last saw him alive on Oct 25 1930 and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: apoplexy
82A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) THA (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 AUTOBUST

WHAT TEST CONFIRMED DIAGNOSIS (Signed) B. B. Smeuler, M.D.

(Address) Racine 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 Burial Home DATE OF BURIAL 10/28 30

20. UNDERTAKER Norman C. Mitchell ADDRESS Seneva Mo

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.

