DEC 22 1930

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

Do not use this space.

36914

1. PLACE OF DEATH
County Newton
Township
City Neosho (No. St. Ward)
Registration District No. 609
Primary Registration District No. 4363
File No. 197
Registered No.

2. FULL NAME Elizabeth Elaine Boyer
(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 Fm
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 3 - 1925

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
4	11	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER O. D. Boyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newton Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Alice Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) McDonald Co Mo
(STATE OR COUNTRY)

14. INFORMANT O. D. Boyer
(Address) Goodman Mo

15. FILED 11/15 1930 C. E. Manress REGISTRAR L.M.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7th 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1930, 19 to Nov 8, 1930 that I last saw her alive on Nov 8, 1930, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accident burn of body from Knees to Neck.
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) accident fall in hot water
(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) Onalasala M. D
11/8, 1930 (Address) Neosho 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 Goodman, Mo.
DATE OF BURIAL Nov. 9 1930

20. UNDERTAKER Chas. W. Williams
ADDRESS Goodman

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.