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

Do not use this space.

8923

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 35
Township — Primary Registration District No. 1001 — Registered No. 1553
City St.Joseph, (No. 3321 Mitchell Ave. St. Ward)

2. FULL NAME William Douglas Boyer
(a) Residence. No. 3135 Penn St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AFR 21 1931

**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 Eleanore L.Boyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar,26,1859

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 72 | 0 | 4 | |

8. OCCUPATION OF DECEASED 136
(a) Trade, profession, or particular kind of work Traveling Salesman,
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Dry Goods.
(c) Name of employer Tootle Campbell Dry Gds.Co.

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co,
(STATE OR COUNTRY) Mo. 1

PARENTS
10. NAME OF FATHER Monroe Boyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio. 2
12. MAIDEN NAME OF MOTHER Minerva J.Sifers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ind.

14. INFORMANT Ralph N.Boyer
(Address) St.Joseph, Mo.

15. FILED APR 1 1931 John R. Binder REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 7

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar,30,1931 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10/31 Jan 10, 1931, to Mar. 30, 1931 that I last saw him alive on Mar. 29, 1931, and that death occurred, on the date stated above, at 11.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart lesion
92 B
125 B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Chronic Cystitis (duration) 1½ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF about a year ago (Prostatectomy)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J.M. Dunsmon, M. D.
3/31/, 1931 (Address) St Joseph 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 | DATE OF BURIAL |
|---|---|
| Mt.Auburn Cemetery | Apr,1, 1931 |

20. UNDERTAKER Walter Meinhoffer — ADDRESS 1302 Faraon St.

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.