

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

Do not use this space.

20410

**1. PLACE OF DEATH**

County Wolcott  
Township  
City Kirkville (No. ....)

Registration District No. #  
Primary Registration District No. 3001

File No. ....  
Registered No. 104 St. .... Ward)

**2. FULL NAME**

Georgia Boyart  
(a) Residence No. 715 E. Main 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-7-1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>21</u>	<u>00</u>	<u>3</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Saleslady  
(b) General nature of industry, business, or establishment in which employed (or employer) General Merchandise  
(c) Name of employer Montgomery - Ward.

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

10. NAME OF FATHER Rev. Brooks

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

12. MAIDEN NAME OF MOTHER Freyenburg

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

14. INFORMANT Jessie Boyart  
(Address) 715 E. Main Kirkville

15. FILED 6/13 1931 Mrs C.H. Becker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-11-1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to June 10, 1931 that I last saw h. 24 alive on June 10, 1931, and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary tuberculosis  
234

CONTRIBUTORY (SECONDARY) 23

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Lab.

(Signed) Geo. F. Sured M. D.

, 19 ..... (Address) Baxter Bldg. Kirkville Mo

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Willmatherville DATE OF BURIAL 6-13-1931

20. UNDERTAKER Dee Riley ADDRESS Kirkville

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.

JUL 22 1931

