WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 28 1931

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

Do not use this space.

30382

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No.
Township Union — Primary Registration District No. 6182 — Registered No. 48
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Theresa Boyer.
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Simeon Boyer.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24-1871
7. AGE YEARS 60 MONTHS 0 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co.

FATHER
13. NAME Dick T. Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co.

MOTHER
15. MAIDEN NAME Zoe Boyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co.

17. INFORMANT (ADDRESS) Walter Boyer Cannon Mines, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Old Mines Mo. DATE 8-22 1931
19. UNDERTAKER (ADDRESS) J. B. Boyer & Son Potosi, Mo.
20. FILED 8-21, 1931 Jos. L. Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1931
22. I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to Aug. 20, 1931
I last saw her alive on Aug. 17, 1931. Death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach, primary	
46B	
Other contributory causes of importance	

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jos. L. Thurman, M. D.
(Address) Potosi, Mo.