

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

Do not use this space.

30406

1. PLACE OF DEATH

County Wright Registration District No. 906  
Township Butcher Primary Registration District No. 6218  
City Hartsville (No. 4547) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William H. Boy

(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 m 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 Dora Ann Boy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1866

7. AGE YEARS 65 MONTHS 1 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) Aug 28 - 1931 11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (CITY OR TOWN) Wright (STATE OR COUNTRY) Missouri

13. NAME William H. Boy

14. BIRTHPLACE (CITY OR TOWN) Andrews (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (CITY OR TOWN) Wright (STATE OR COUNTRY) Missouri

17. INFORMANT Southy Boy (ADDRESS) Hartsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartsville Cem DATE Sept 2 1931

19. UNDERTAKER A. G. Stiff (ADDRESS) Manfield Mo

20. FILED Sept 8 1931 Mabel Bear Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on Aug 27 30, 1931. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Apoplexy  
Death Sudden  
131  
82A  
Other contributory causes of importance:  
Probably Interstitial  
nephritis

Date of onset Aug 28 31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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 U  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify B. E. Latimer, M. D.  
(Address) Hartsville Mo

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

