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

Do not use this space.

34893

File No.
Registered No.

1. PLACE OF DEATH

County Laurence
Township Aurora
City Aurora (No. Byers Hospital St. Ward)

Registration District No. 467
Primary Registration District No. 4280

2. FULL NAME Edward C. Boyer

(a) Residence, No. 218 W Locust 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.

NOV 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Marie Boyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 24-1892

7. AGE: Years 39 | Months 1 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lineman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Empire Electric Co
10. Date deceased last worked at this occupation (month and year): Oct 17 1931
11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mills Springs Mo

FATHER

13. NAME: Francis Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Lillie Andrews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Marie Boyer Aurora Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cem DATE 10/19 1931

19. UNDERTAKER (ADDRESS): King Funeral Home Aurora Mo

20. FILED ....., 19.... R W Stuart
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct-17 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct-17, 1931, to Oct 17, 1931.
I last saw him alive on Oct-17, 1931. Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries Cause Fall from Electric wire pole by coming in contact with live wire.	
PBS	1932
	1928
	1918

Other contributory causes of importance:
Fractured Ribs Punctured Lungs filling Thoracic Cavity with blood -

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/17, 1931
Where did injury occur? Red Springs Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Came in contact with live wire
Nature of injury Knocking him from pole, Stunning, burns

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Line man for Empire District Elec. Co.
(Signed) R W Stuart, M. D.
(Address) Russell Mo

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.

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