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.

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

Do not use this space.

38538
58

1. PLACE OF DEATH
County Perry
Township
City Perryville, Mo (No. , St. Ward)
Registration District No. 660
Primary Registration District No. 4396
File No.
Registered No.

2. FULL NAME Henry J. Boxdorfer
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12th 1865
7. AGE YEARS 65 MONTHS 11 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Perry County Mo

FATHER
13. NAME George Boxdorfer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Christina Hess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) George C. Boxdorfer Menfro, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran Cem DATE 11-28 1931
19. UNDERTAKER (ADDRESS) Yoshiwa & Henry Perryville Mo
20. FILED 11-28 1931 Geo. J. Reiter Registrar.
Tom Reiter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1931
22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1931, to Nov. 26th, 1931
I last saw him alive on Nov. 26th, 1931. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
93.5
Date of onset
Other contributory causes of importance: —
Name of operation — Date of —
What test confirmed diagnosis? 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? NO
If so, specify
(Signed) W. H. Barnes, M. D.
(Address) Perryville, Mo