

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.

Feb 28 1934

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

Do not use this space.

40398-a

1. PLACE OF DEATH

County Cedar

Registration District No. 166

Township Stockton

Primary Registration District No. 4097

City Stockton (No.)

File No.

Registered No. 43

St. Ward

2. FULL NAME

DORA ANN 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

W. H. Boy

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

July 13 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

62

5

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Right C. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Jefferson T. Rider

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Susan M. Wallace

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Susan H. Wallace
Stockton, Mo.

15.

FILED

Feb 28 1934

E. S. Smith

REGISTRAR

Mary Boyles

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18th 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-1-31

19... to 12-18-31, 19... and that I last saw her alive on 12-17-31, 19... and that death occurred, on the date stated above, at 9 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis + Bronchitis

1930

166B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. B. Stewart

M. D.

19

(Address)

Stockton, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Natville, Mo.

Dec 20 1931

20. UNDERTAKER

ADDRESS

H. C. Davis & Co.

Stockton

1000