

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

Do not use this space.

15390

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. Missouri Methodist Hospital St. _____ Ward _____)

2. FULL NAME

Eleanor Luella Boyer

(a) Residence, No. 3135 Penn. St. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1932 .1932

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

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to May 24, 1932
 I last saw h. alive on May 24, 1932 Death is said to have occurred on the date stated above, at 6.30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1859

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 5 8

acute intestinal obstruction
Chronic Myocarditis
460
 Other contributory causes of importance:
Cancer Cervix
 Date of onset May 23

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

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) St. Joseph, Mo.

Name of operation Enterostomy Date of May 23
 What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME John J. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

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)

15. MAIDEN NAME Martha Bancroft

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) Ralph N. Boyer 1520 So. 30th. St.

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE May 27, 1932

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

If so, specify _____ (Signed) H. S. Saurad M. D.
 (Address) Kirkpatrick Bldg. St. Joseph, Mo.

20. FILED 5-25 1932 John R. Bender Registrar.

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.

May 21 1932

