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.

JUN 23 1932

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

Do not use this space.

16526

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township — Primary Registration District No. 3022 — Registered No. 48
City De Soto (No. , St. Ward)

2. FULL NAME unnamed Boyer
(a) Residence, No. 111 E 2nd St. St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 0 hrs. or 1 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) De Soto Mo.

FATHER
13. NAME Sidney J Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co

MOTHER
15. MAIDEN NAME Agnes M Frye
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francis Co Mo

17. INFORMANT (ADDRESS) Sidney J Boyer De Soto Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary De Soto DATE May 1932

19. UNDERTAKER (ADDRESS) Fenner

20. FILED May 19, 1932 D L Raugly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/19/, 1932, to 5/19/, 1932
I last saw him alive on 5/19/32, 19 Death is said to have occurred on the date stated above, at 5:45 AM
The principal cause of death and related causes of importance were as follows:
Mal nutrition
Cranial Bones not developed = not hydrocephalus
15 DD
158
Other contributory causes of importance:
None
Name of operation None 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? No 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. K. Farrar, M. D.
(Address) De Soto Mo.