

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

Do not use this space.

25496

1. PLACE OF DEATH

County Buchanan
Township
City St Joseph, Mo. (No. 53 East Valley)

85

Registration District No. _____
Primary Registration District No. 1001

File No. _____
Registered No. 343
St. _____ Ward _____

2. FULL NAME

Louis Charles Boyer
(a) Residence, No. 53 E. Valley St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Boyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 10 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swift and Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liedmont Missouri

FATHER 13. NAME Simon Boyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desoto Missouri

15. MAIDEN NAME Unknown

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

17. INFORMANT Amanda Boyer (ADDRESS) St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept 1, 1932

19. UNDERTAKER Fedeman Funeral Home (ADDRESS) St Joseph Mo.

20. FILED 9-1-32 19 32 Robert B. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1932

22. I HEREBY CERTIFY that I attended deceased from Aug 23 to Aug 30, 1932.
I last saw alive on Aug 30, 1932. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:
Heart Dysrhythmia
Leucobacillaria
Date of onset _____

Other contributory causes of importance:
Renal Effusion

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury _____, 1932

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) Chas. F. Jones, M. D.

(Address) St Joseph Mo

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.

SEP 31 1932

