

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.

JAN 27 1933

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

Do not use this space.

43018

1. PLACE OF DEATH
110 County Washington Registration District No. 887
Township Liberty Primary Registration District No. 6181
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Glady's Boyer
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W. 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) 8-5-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 4 23.

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) Paris So. 1

MOTHER FATHER
13. NAME Edward Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris So. 1

MOTHER
15. MAIDEN NAME Nellie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris So. 1

17. INFORMANT Edw. Pratt
(ADDRESS) Patton, Mo. R. 1.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Mines, Mo. DATE 12-30 1932

19. UNDERTAKER Boyer & Sons
(ADDRESS) Patton, Mo.

20. FILED 12-29 1932 Jos. L. Thurman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1932, to 12-28 1932
I last saw her alive on 12-28 1932. Death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance were as follows:
Influenza
11B
11B
Other contributory causes of importance: _____
Date of onset _____

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? _____ 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? _____
If so, specify _____
(Signed) Jos. L. Thurman, M. D.
(Address) Patton, Mo.

