

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 22 1933

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

Do not use this space.

1. PLACE OF DEATH

County Carter
Township Jackson
City (No. City) (No. City) St. Ward

Registration District No. 144
Primary Registration District No. 5217

File No. 15941
Registered No. _____

2. FULL NAME

Marion Boyer
(a) Residence, No. Clinton, Mo. Federal Del. 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mandy Boyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20, 1865</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>1</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>one year</u>		11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Alfred Boyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
17. INFORMANT <u>Elmer Boyer</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cassville</u> DATE <u>May 10, 1933</u>		
19. UNDERTAKER <u>Greer Undertaking Co</u> <u>Jacksonville, Mo</u>		
20. FILED _____ 19 _____ Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to May 7, 1933
I last saw him alive on May 1, 1933. Death is said to have occurred on the date stated above, at 8 4 m.
The principal cause of death and related causes of importance were as follows:

Cardiac Decease
(died suddenly)
Chronic Myocarditis 4 yrs
Arricular Fibrillation 3 "

Date of onset

Other contributory causes of importance:
9518

Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no

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? no
If so, specify _____
(Signed) J. C. Karmell, M. D.
(Address) Parsons Bluff, Mo.

