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.

AUG 26 1933

Trabbett

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

Do not use this space.

50

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No. 23535
Township Valle — Primary Registration District No. 5574 — Registered No. 53
City Rural (No. ..., ... St. ..... Ward)

2. FULL NAME Thomas Theadore Boyer
(a) Residence, No. ..... St., ... 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): S ~~Boy~~ Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27 - 1932
7. AGE: YEARS — MONTHS: 7 — DAYS: 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — —
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): Jefferson Co.

FATHER
13. NAME: James Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blackwell Mo

MOTHER
15. MAIDEN NAME: Maggie Courtway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co

17. INFORMANT (ADDRESS): James Boyer DeSoto Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeSoto Mo. DATE July 24 1933

19. UNDERTAKER (ADDRESS): Richardson & Mothershead DeSoto Mo

20. FILED 7/24 1933 B L Rangely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1933, to 7-23, 1933
I last saw him alive on 7-22, 1933. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Diarrhea & Enteritis — Date of onset 7/17/33
119B
119B

Other contributory causes of importance:

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 Chas E Tallet
(Signed) ....., M. D.
(Address) DeSoto Mo