

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

Do not use this space.

25467

1. PLACE OF DEATH

County Washington
Township Union
City (None)

Registration District No. 887
Primary Registration District No. 6182

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</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>Luchin Boyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27-1887</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>0</u>	DAYS <u>10</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Old Mine
(STATE OR COUNTRY) Mo

13. NAME Isaac Coleman

14. BIRTHPLACE (CITY OR TOWN) Old Mine
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Nora Palette

16. BIRTHPLACE (CITY OR TOWN) Old Mines
(STATE OR COUNTRY) Mo

17. INFORMANT Frank P. Boyer
(ADDRESS) Cannon Mine Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Mine Mo DATE 7/8/33 19. _____

19. UNDERTAKER J. B. BOYER & SON
(ADDRESS) POTOSI, MO.

20. FILED 78 1933 Jos. L. Thurman
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933 to July 7, 1933
last saw her alive on July 5, 1933 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Ludwig Angina
119
1150
11510
Other contributory causes of importance
Influenza

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) H. H. Howell, M. D.

(Address) Potosi

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 2 1933

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