

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

Do not use this space.

26802

1. PLACE OF DEATH

50 County Jefferson Registration District No. 430
 2 Township Waller Primary Registration District No. 30210
 7 City Poplarville, Mo. (No.) St. Ward)

2. FULL NAME

(a) Residence, No. 7 New Boyer St., Ward.
 (Usual place of abode) 823 South 6th no (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cresa Boyer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10th 1843</u>				
7. AGE	YEARS <u>89</u>	MONTHS <u>7</u>	DAYS <u>29</u>	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. <u>Retired Farmer</u>			
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) <u>Old Mines Mo</u>				
FATHER	13. NAME <u>Louis Boyer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Mines Mo</u>			
MOTHER	15. MAIDEN NAME <u>Debina Beasly</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Mines Mo</u>			
17. INFORMANT <u>Jane Boyer</u> (ADDRESS) <u>Waller Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Calvary</u>		DATE <u>Aug 12 1933</u>		
19. UNDERTAKER <u>Richardson & Mother</u> (ADDRESS) <u>Waller Mo</u>				
20. FILED <u>8/10 1933</u> <u>E. L. Hargely</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-9 1933, to Aug 9 1933
 I last saw him alive on Aug 9 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage sudden Date of onset

Other contributory causes of importance: None

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? No
 If so, specify None
 (Signed) Walter C. Gibson, M. D.
 (Address) St. Louis Mo

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 26 1933

