

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.

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

Do not use this space.

## 1. PLACE OF DEATH

4<sup>th</sup> County Laudy  
Township Marion  
City Lindley (No. \_\_\_\_\_)

Registration District No. 329  
Primary Registration District No. \_\_\_\_\_

File No. 39815-A  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Heles Marie Boyers  
(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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 9 8

OCCUPATION 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) Lindley mo  
(STATE OR COUNTRY)

FATHER 13. NAME W. M. Boyers  
14. BIRTHPLACE (CITY OR TOWN) Lindley mo  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Christman  
16. BIRTHPLACE (CITY OR TOWN) Galt mo  
(STATE OR COUNTRY)

17. INFORMANT W. M. Boyers  
(ADDRESS) Lindley mo  
18. BURIAL, CREMATION, OR REMOVAL R. A. Lindley  
PLACE Boyer Cemetery DATE Dec 30 1933

19. UNDERTAKER PK Payne & Son  
(ADDRESS) Galt mo.

20. FILED 12-30 1933 J. C. Humphreys  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-27- 1933, to 12-29- 1933

I last saw her alive on 12-29- 1933 Death is said

to have occurred on the date stated above, at 11:50 A.M.

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

Burn from hot water, Shock Date of onset 12-27-33

Other contributory causes of importance: 18

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Urinary Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide accident Date of injury 12-27-1933  
Where did injury occur? at home, Galt mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury fell into boiler of hot water  
Nature of injury scalded rt side

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) J. C. Weston, M. D.  
(Address) Galt, Mo.

