

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

Do not use this space.

40950

28-1934
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PLACE OF DEATH
County Perry Registration District No. 660
Township Ash Grove Primary Registration District No. 4396
City Perryville Mo (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Boxdayer
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 84 10 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) 1920 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo

MOTHER FATHER
13. NAME John Rauh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Elizabeth Borer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Chas Boxdayer
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran am DATE Dec 18 1933

19. UNDERTAKER Young & Ludras
(ADDRESS) Perryville Mo

20. FILED Dec 18 1933 Ed L Brewer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1933

22. I HEREBY CERTIFY, That I attended deceased from August 10 1931 to Dec 16 1933
I last saw her alive on Dec 15 1933 . Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
 Cancer of Face.
Date of onset _____

Other contributory causes of importance:
 54

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) Dr. Harry J. Thrapp , M. D.
(Address) Perryville Mo

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.

