

25 1834
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

County DeKalb

Township Washington

City Clarkdale (No.)

Registration District No. 258

Primary Registration District No. 4157

File No. 661-A

Registered No. 1

St. Ward)

2. FULL NAME

(a) Residence, No. John P. Boyer 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 1856

7. AGE YEARS 77 MONTHS 9 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

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) Clinton Co Mo

13. NAME Peter Boyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry

15. MAIDEN NAME Emeline Pennington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT George F. Boyer (ADDRESS) Temple Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Independence Mo DATE Jan 28 1934

19. UNDERTAKER E. F. Boyer (ADDRESS) Independence Mo

20. FILED 127 1934 C. M. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1930, to 1-25-1934

I last saw him alive on Jan 25 1934 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

arterio Sclerosis

Date of onset

Other contributory causes of importance:

Chronic Prostatitis
Chronic Nephritis

Name of operation 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

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) G. F. Kimball M. D.

(Address) Easton Mo

