

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.

9711

1. PLACE OF DEATH

County Meru
Township Morgan
City Princeton (No. _____)

Registration District No. 556
Primary Registration District No. 4378

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME David F. Boyer

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 1

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

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) Missouri
(STATE OR COUNTRY)

13. NAME Clinton Boyer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Murleen Boyer
(ADDRESS) Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL Buried

PLACE Princeton Mo DATE Mar 24 1934

19. UNDERTAKER Noel Moss
(ADDRESS) Princeton Mo

20. FILED 3/23 1934 J.M. Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from on March 22, 1934, to 7 P. M., 1934

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____ m.

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

Sudden death while in office preparing to make a country call

Probably apoplexy -

Other contributory causes of importance:

Old age

Artery

Heart

Stroke

Death

Artery

Heart

Stroke

Death

Artery

Heart

Stroke

Death

Artery

Heart

Stroke

Death

Artery

Heart

Stroke

Death

Artery

Heart

Stroke

Death

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 _____

(Signed) P. B. E. Wright - Coroner

(Address) Princeton Mo

3/22-34

Carver

