

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

Do not use this space.

1. PLACE OF DEATH

County Washington
Township Union
City (No. _____) _____ St. _____ Ward _____

Registration District No. 420
Primary Registration District No. 5574

File No. 15535
Registered No. 26

2. FULL NAME

Myrtle Eulabelle Boyer

(a) Residence No. Washington Co. Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred all life 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NO

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2nd 1932

7. AGE YEARS 2 MONTHS 3 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Washington Co
(STATE OR COUNTRY) MO

10. NAME OF FATHER Edgar Boyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) De Soto
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Margaret Roberson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington
(STATE OR COUNTRY) Missouri

14. INFORMANT Edgar Boyer
(Address) 1111 N. 1st St. MO

15. FILED 4/14 1934 J. W. Scoville
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 14 1937

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1937, to April 14, 1937, that I last saw her alive on April 16, 1937, and that death occurred, on the date stated above, at 8:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Catasthal Pneumonia
1070 (duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (SECONDARY) none
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

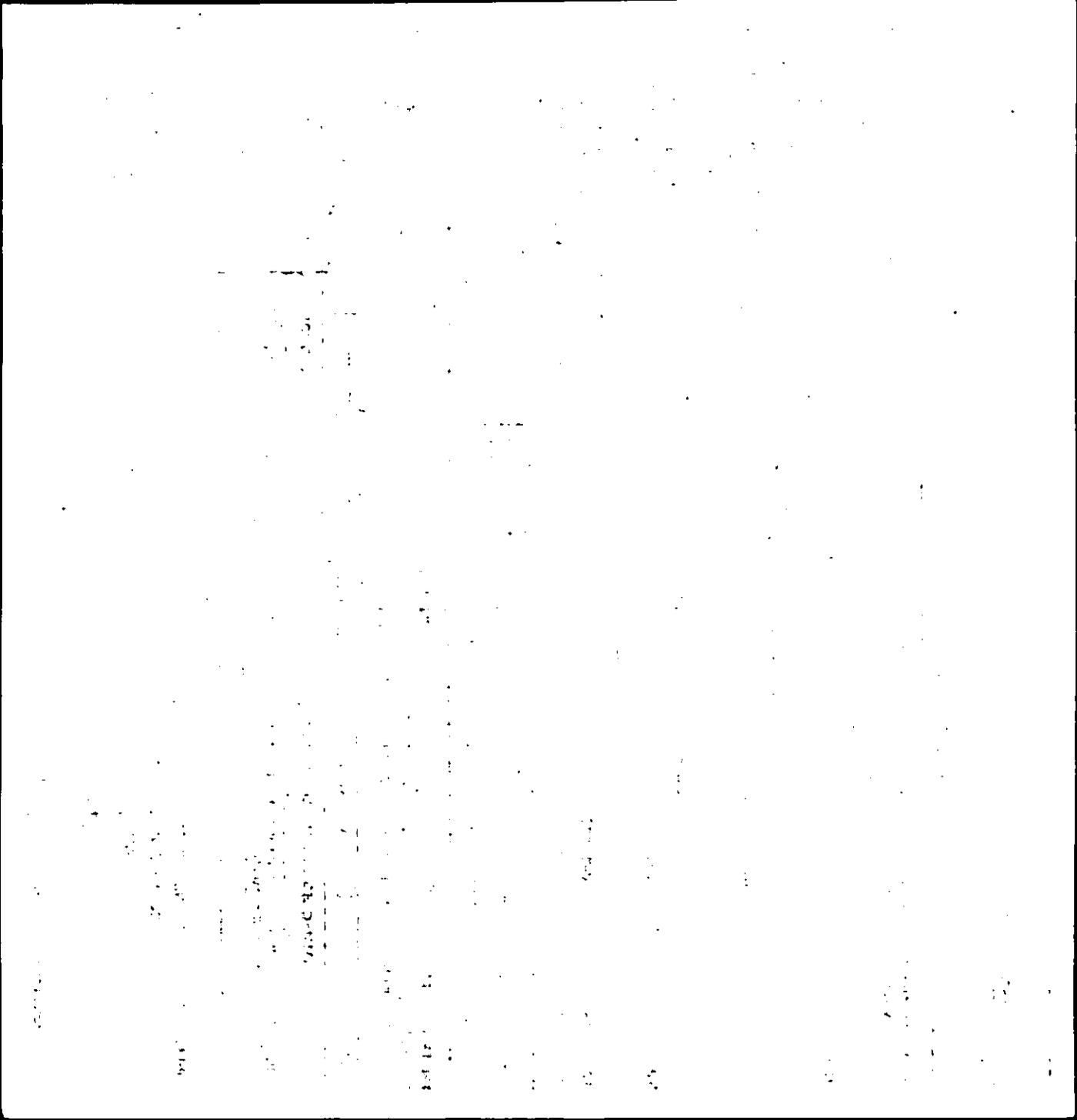
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Patric Gibson, M. D.

April - 14 1934 (Address) De Soto MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Masonic Cemetery Wash. Co. Mo DATE OF BURIAL April - 15 1934

20. UNDERTAKER Thom Selver ADDRESS Office MO.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

City Washington
Township Union
City (No. _____) (St. _____) (Ward _____)

Registration District No. 887
Primary Registration District No. 6182

File No. _____
Registered No. _____

2. FULL NAME

Munsey Eulabelle Bayer

(a) Residence, No. _____ St., _____ Ward. _____ (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 3 12

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

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) Washington Co. Mo.

13. NAME Edgar Bayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Mo.

15. MAIDEN NAME Mayme Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

17. INFORMANT (ADDRESS) Edgar Bayer

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Masonic Cem Apr 15 1934

19. UNDERTAKER (ADDRESS) Thompson

20. FILED June 30 1934 G. H. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 to Apr 15, 1934

I last saw him alive on Apr 10, 1934. Death is said to have occurred on the 15th at 8:30 a.m.

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

Cerebral pneumonia Date of onset 9 ds

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? _____
If so, specify _____

(Signed) Walter C. Gibson, M. D.
(Address) De Soto Mo.

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