

WRITE PLAINLY, WITH UNBOLDING 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.

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

Do not use this space.

21675

1. PLACE OF DEATH  
 County St. Francis Registration District No. 775  
 Township Bonne Terre Primary Registration District No. 6020  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jesse Everett 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. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>21</u>	<u>8</u>	<u>15</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farming

10. Date deceased last worked at this occupation (month and year) May 1, 1934 11. Total time (years) spent in this occupation 12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henrieville, Mo.

13. NAME Thomas Boyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo.

15. MAIDEN NAME Mary Pruitt

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

17. INFORMANT Jim Boyer  
 (ADDRESS) Henrieville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Henrieville DATE June 27, 1934

19. UNDERTAKER Questel E. Vinard  
 (ADDRESS) Henrieville, Mo.

20. FILED 7/1 1934 J. H. Don Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1934, to June 25, 1934  
 last saw him alive on June 25, 1934. Death is said to have occurred on the date stated above, at 10:43 p. m.  
 The principal cause of death and related causes of importance were as follows:  
General Peritonitis Date of onset June 21  
Ruptured appendix June 21

Name of operation appendectomy Date of 6/21/34  
 What test confirmed diagnosis operation 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) David Ed Smith, M. D.  
 (Address) Bonne Terre, Mo.

