

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 19 1934

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

Do not use this space.

31773

1. PLACE OF DEATH

County Wayne
Township Black River
City (No. _____) _____

Registration District No. 892
Primary Registration District No. 6194

File No. _____
Registered No. 15- St. _____ Ward _____

2. FULL NAME

James M. Boyer

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1866

7. AGE YEARS 68 MONTHS 1 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Carter Co. Mo

13. NAME Pleasant Boyer

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

15. MAIDEN NAME Doris Knowl

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

17. INFORMANT (ADDRESS) Ollie Boyer
Presmont RFD#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Kueker Cem DATE Aug 10 1934

19. UNDERTAKER (ADDRESS) None

20. FILED Aug 10 1934 Mrs. Hattie McPherson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 - 1933, to Aug 9 - 1934

I last saw him alive on July 6 - 1934. Death is said to have occurred on the date stated above, at 7:30 P. M.

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

Carcinoma of Liver Date of onset 1 Year

Other contributory causes of importance: None

Name of operation no 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? no 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) Geo F Wagner M. D.
(Address) Greenville, Mo

