

DEC 13 1934

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

Do not use this space.

38916

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson City (No. 1)St. Mo. Ward

2. FULL NAME

(a) Residence, No. Boyer, J. Thomas #43526, 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 23, 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>25</u>	<u>11</u>	<u>4</u>	

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Mo. Pension Records (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City, Mo. DATE Dec-1-193419. UNDERTAKER Therpe Jordan (ADDRESS) Jefferson City, Mo.20. FILED 12/11, 1934 Dr. Bedford M. S. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 193422. I HEREBY CERTIFY That I attended deceased from November 16, 1934 to November 27, 1934I last saw him alive on November 27, 1934 Death is saidto have occurred on the date stated above, at 11:40 a.m.

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

Broncho-Pneumonia Date of onset 11/27/3411:5536

Other contributory causes of importance:

Septicemia 11/15/34Suppurative tonsillitis

Name of operation

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) W. S. Rambo, M. D.(Address) Jefferson City, Mo.

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.

