

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

Do not use this space.

5889

52
MAR 26 1935

1. PLACE OF DEATH
 County Lafayette Registration District No. 464
 Township Wesley Primary Registration District No. 4277
 City Wesley St. _____ Ward _____

2. FULL NAME Catherine E. Boyce
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 17
 Registered No. 20

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph E. Boyce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 1 24

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

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) Columbia Mo.

FATHER
 13. NAME Geo B Reich
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

MOTHER
 15. MAIDEN NAME Ann M. Wallia
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Eddie Boyce
Wesley Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crematory DATE 2/26, 1935

19. UNDERTAKER (ADDRESS) L. L. Johnson
Wesley Mo.

20. FILED 3-9-1935 Mrs. E. M. Goodwin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1935 to 2-22, 1935
 I last saw him alive on 2-22, 1935 Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
131
 Date of onset 2-15-35

Other contributing causes of importance:
Influenza, Scurvy, Heart - Renal - Vascular disease

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) W. M. ... M. D.
 (Address) Wesley 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.

