

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

Do not use this space.

MAY 21 1935

11951

1. PLACE OF DEATH
 County Buchanan Registration District No. 82
 Township Marion Primary Registration District No. 3723
 City 2 (No. , St. Ward)

2. FULL NAME Asaac T 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Boyer (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) Buchanan Co Mo.

13. NAME Jacob Boyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Hanna Kessler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Leslie Boyer (ADDRESS) Easton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Chapel DATE Apr 4 1935

19. UNDERTAKER F. G. Boyer (ADDRESS) Steuersville Mo.

20. FILED 3710 1935 DT. Trigham Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1935, to Apr 2 1935. I last saw him alive on Mar 30 1935. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Cerebral hemorrhage Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? 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) G. J. Kimball, M. D.

(Address) Easton 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.

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