

MAY 23 1935

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

Do not use this space.

12218

1. PLACE OF DEATH

County

Cedar

Registration District No.

163

File No.

Township

Cedar

Primary Registration District No.

5232

Registered No.

31

City

(No.)

St.

Ward)

2. FULL NAME

Daniel J. 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)

widower

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

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

June 4 1855

7. AGE

YEARS

79

MONTHS

8

DAYS

6

If LESS than 1
day,hrs.
ormin.

OCCUPATION

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Penn.

FATHER

13. NAME

Joseph Boyer

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

Germany

MOTHER

15. MAIDEN NAME

Mary Earnest

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

Penn.

17. INFORMANT
(ADDRESS)Hugh Allen
El Dorado Spgs

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lebeck's

DATE

April 12 1935

19. UNDERTAKER
(ADDRESS)Hugh J. Allen
El Dorado Spgs Mo

20. FILED

4-11-1935

J. Dawson
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Apr. 10 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 10, 1935, to Apr. 10, 1935

I last saw him alive on Apr. 10, 1935. Death is said

to have occurred on the date stated above, at 8:00 p. m.

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

Myocarditis Chron. ?
Chorea

Date of onset

Other contributory causes of importance:

Unknown

Name of operation

None

Date of

What test confirmed diagnosis? Arteriosclerosis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury X, 19Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

None

Nature of injury

None

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No

(Signed)

J. W. Richardson, M. D.

(Address)

415 W. 11th St. Mo.

WHITE PLAINLY, WITH UNFADING 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.

