WRITE 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.

JUL 1 1935

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

Do not use this space.

21957

File No.

Registered No.

1. PLACE OF DEATH
County: Washington
Township: Breton
City: Potosi (No. , St. Ward)

Registration District No. 887
Primary Registration District No. 6179

2. FULL NAME: John B. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Jane Boyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 3. 1857

7. AGE: Years 77 | Months 6 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
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): Washington Co. Mo.

FATHER
13. NAME: Elisha Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. Mo.

MOTHER
15. MAIDEN NAME: Ann Lore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. Mo.

17. INFORMANT: C.H.Boyer
(ADDRESS): Potosi Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Potosi Mo. DATE: June 18. 1935

19. UNDERTAKER: J.B.Boyer & Son
(ADDRESS): Potosi Mo.

20. FILED: Jun 20 1935 C F Chesnuee
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16.1935

22. I HEREBY CERTIFY, That I attended deceased from June 7 1935, to June 16 1935
Last saw him alive on June 16 1935. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:
Pneumonia Bronchial or Terminal

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?
If so, specify:
(Signed) A. Trueblood, M. D.
(Address) Potosi Mo