

DEC 18 1935

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

Do not use this space.

35630

## 1. PLACE OF DEATH

County DeKalb Registration District No. 262  
Township Polk Primary Registration District No. 5364  
City Farm Home (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME Simon Lafayette Boyce(a) Residence, No. Union Star Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Oma Boyce</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 20 1863</b>		
7. AGE	YEARS	MONTHS
	<b>72</b>	<b>7</b>
		DAYS
		<b>22</b>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Farmer</b>	
	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) <b>Nov. 1, 1935</b>	
	11. Total time (years) spent in this occupation <b>all life</b>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Marion Co. Michigan</b>		
FATHER	13. NAME <b>Geo. Boyce</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Virginia</b>	
MOTHER	15. MAIDEN NAME <b>Mary Flowers</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Penn</b>	
17. INFORMANT (ADDRESS) <b>Guy Boyce Union Star Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Oak Grove</b> DATE <b>11/12/1935</b>		
19. UNDERTAKER (ADDRESS) <b>RJG. Taggart King City Mo.</b>		
20. FILED <b>11-12 1935 E. M. Reynolds Registrar.</b>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/11/1935** 1922. I HEREBY CERTIFY, That I attended deceased from **Nov 9 1935** to **Nov 11 1935**I last saw him alive on **Nov 10 1935** Death is said to have occurred on the date stated above, at **6:40 A.M.**

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

**Lobar Pneumonia** Date of onset **11-8-35**  
**108**  
Other contributory causes of importance:  
**Chronic Myocarditis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Clinical** 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_(Signed) **E. M. Reynolds** M. D.  
(Address) **Union Star 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.

THIS IS A PERMANENT RECORD

