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.

DEC 12 1935

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

791
1003

Do not use this space.

37869

File No.
Registered No. 9846

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis, Mo. (No. 2336a, so. 11th St. Ward)

2. FULL NAME Mary F. Boyer

(a) Residence, No. 2336a so. 11th St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Missouri

FATHER
13. NAME Isham Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah Sideman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT J. F. Boyer
(ADDRESS) 2336a So 11th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Cem DeSoto, Mo. DATE Nov. 26, 1935

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED NOV 25 1935, 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Nov 24, 1935
I last saw her alive on Nov 23, 1935. Death is said to have occurred on the date stated above, at 8:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenomyelogenous Leukemia	unknown

Other contributory causes of importance: —

Name of operation None Date of
What test confirmed diagnosis? Blood 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. E. Jones, M. D.
(Address) 2202 S. Broadway