

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.

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

Do not use this space.

FEB 20 1936

Boyer
40583

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No. 421 S. Lamine)

File No. 10

Registered No. 668

St.

Ward)

2. FULL NAME

(a) Residence No. 421 S. Lamine St.,

Ward.

(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

M

4. COLOR OR RACE

W

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)

May 1-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

8

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

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)

Ill

13. NAME

Do not know

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

Do not know

15. MAIDEN NAME

Do not know

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

Do not know

17. INFORMANT (ADDRESS)

Mo Dept Transients Bureau

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Crown Hill Jan 10-1936

19. UNDERTAKER (ADDRESS)

Mc Laughlin Bros Sedalia

20. FILED

1-10-1936 Jean Black

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from

October, 1935, to Dec 10, 1936

I last saw him alive on Dec 9, 1936 Death is said

to have occurred on the date stated above, at 3:10 p.

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

Chronic Interstitial nephritis

Other contributory causes of importance:

Arterio Sclerosis Chronic myocarditis

Name of operation

none

Date of

What test confirmed diagnosis Lab. 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

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)

(Address)

J. W. Boyer, M. D.
Sedalia Mo

This man was a
chronic alcoholic
and his death is
due to
chronic
interstitial
nephritis

