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.

MAR 21 1936

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

Do not use this space.

6026

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 840

City: Vineyard Park Hosp (No. Vineyard Park Hospital St. Ward)

2. FULL NAME: Doris Annette Boyer

(a) Residence, No. Platte City 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 15 1935

7. AGE: YEARS — MONTHS: 6 — DAYS: 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Platte City Mo

FATHER

13. NAME: Olin Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri City Mo

MOTHER

15. MAIDEN NAME: Ada Foley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri City Mo

17. INFORMANT (ADDRESS): Olin Boyer Platte City Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Liberty Mo — DATE: Fairview 2/19/36

19. UNDERTAKER (ADDRESS): Ulrich-Archer Co Liberty Mo

20. FILED: 2/17, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936 to Feb 17, 1936

I last saw her alive on Feb 17, 1936. Death is said to have occurred on the date stated above, at 1:20 P.m.

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

	Date of onset
Broncho-Pneumonia	2-13-36
119	
Other contributory causes of importance:	
Gastro-enteritis	1-16-36

Name of operation: None — 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) J. E. Sheldon, M. D.

(Address) 922 Walnut K.C. Mo