

DEC 8 1936

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

Do not use this space.

42111

1. PLACE OF DEATH

County Berry Registration District No. 662
Township Bois Brant Primary Registration District No. 5879
City (No) St. (No) Ward (No)

File No. _____

Registered No. 9

2. FULL NAME

Marcella Mae Boydorfer
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 8

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. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

13. NAME George C. Boydorfer

14. BIRTHPLACE (CITY OR TOWN) Berry Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Marie C. Hoffman

16. BIRTHPLACE (CITY OR TOWN) Berry Co Mo
(STATE OR COUNTRY)

17. INFORMANT George C. Boydorfer
(ADDRESS) Kenilworth R. 2, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Ch. DATE Nov 7 1936

19. UNDERTAKER Yancy F. Fenwick
(ADDRESS) Berryville Mo

20. FILED 11-7- 1936 J. De Rasus
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/31 1936, to Nov 4th 1936

I last saw him alive on Nov 4th 1936. Death is said

to have occurred on the date stated above, at 8:35 Am.

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

Chorea Infantum

Date of onset

Other contributory causes of importance _____

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 _____, 1936

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) M. H. D. Rasus, M. D.

(Address) Berryville Mo

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.

FORM 1 X704

