Telephone 60

DEC 30 1936

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

Do not use this space.

47474

1. PLACE OF DEATH
County Washington
Township Lemon
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 182

File No. .....
Registered No. .....

2. FULL NAME Mary Myrtle Boyer

(a) Residence, No. ..... 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 F

4. COLOR OR RACE W

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) 9/9/1899.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37	3	8	

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. .....

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) Herculaneum Mo

FATHER

13. NAME Edward J Boyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannon Mines Mo.

MOTHER

15. MAIDEN NAME Mary Ida Degonia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannon Mines Mo.

17. INFORMANT (ADDRESS) E. J. Boyer Cannon Mines

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Mines DATE 12/19. 1936

19. UNDERTAKER (ADDRESS) J B Boyer & Son

20. FILED Dec 21 1936 C. F. Crossnoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17. 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1936, to 12-17, 1936
I last saw her alive on 12-16, 1936 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset

Other contributory causes of importance: Imbecility congenital

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 ....., 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) Jos. L. Thurman, M. D.
(Address) Potosi, 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.

20M-12-19-36 I X7294