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

Do not use this space.

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1. PLACE OF DEATH

96 County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis, Mo (No. 2326 SULLIVAN St. ..... Ward)

2. FULL NAME Mary Josiephine Boyer

(a) Residence, No. 2326 Sullivan St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: BEN R. BOYER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 14, 1868

7. AGE: 68 YEARS, MONTHS: 8, DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home. 235
10. Date deceased last worked at this occupation (month and year): Sept
11. Total time (years) spent in this occupation: 33 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cadet Mo } Washington County

FATHER

13. NAME: John T. Boyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cadet Mo

MOTHER

15. MAIDEN NAME: Martha GoNero
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Genevive Mo.

17. INFORMANT (ADDRESS): Ethel Boyer 2326 Sullivan Ave / St Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Old Mines Mo DATE: 1/4, 1937

19. UNDERTAKER (ADDRESS): ALBERT H. HOPPE, INC 429 N. EUCLID AVE

20. FILED: JAN 3 1937 J. H. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1935, to Dec. 31, 1936

I last saw her alive on Dec. 31, 1936. Death is said to have occurred on the date stated above, at 10:20 P.M.

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

Cancer of Stomach & Intestines about 1 year

Primary in stomach

Date of onset

Other contributory causes of importance:

468

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) Arthur T. Kleyhamp, M. D.

(Address) 3834 N. Louis Ave

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.

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