

JUN 22 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20431

1. PLACE OF DEATH

County Jefferson
Township Waller
City Desoto (No. _____)

Registration District No. 420
Primary Registration District No. 3022

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Annie G. Boyer

(a) Residence, No. 711 N. Ninth St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 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 widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. C. Boyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 - 1839

7. AGE	YEARS	MONTHS	DAYS	IF LESS than day, _____ hrs. or _____ min.
<u>98</u>	<u>2</u>	<u>3</u>		

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

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) Washington Co. Mo.

13. NAME Louis Tredo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Ethel Berry (ADDRESS) Desoto

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE May 17 1937

19. UNDERTAKER Mothershead (ADDRESS) Desoto

20. FILED June 9 1937 Jessie Samuel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to May 15 1937

I last saw her alive on May 15 1937. Death is said to have occurred on the date stated above, at 5:07 p.m.

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

Chronic myocarditis Date of onset May 3

Other contributory causes of importance: degenerities of age

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? no
If so, specify _____

(Signed) J. P. Ingels, M. D.
(Address) Desoto, Mo.

No. 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.

