

JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County Washington
Township Kingston
City (No. 2)

Registration District No. 976
Primary Registration District No. 6187

File No. 24619
Registered No. 5
Ward

2. FULL NAME

Frozzine Mary Boyer

(a) Residence, No. 1 St., Resident Ward. Resident
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 8 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lennis J. Boyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>5</u>	<u>41</u>	<u>11</u>	<u>8</u>	<u>50</u>

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. own home

10. Date deceased last worked at this occupation (month and year) Nov 1936 11. Total time (years) spent in this occupation 20

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

13. NAME Thomas Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Mo.

15. MAIDEN NAME Mary Louise Cantway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Mo.

17. INFORMANT (ADDRESS) Lennis J. Boyer
Washington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE old mine DATE April 25, 1937

19. UNDERTAKER (ADDRESS) Sharp
Paterson Ave

20. FILED 5/28 1937 Chas. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937, to April 23, 1937

I last saw her alive on April 22, 1937 Death is said to have occurred on the date stated above, at 5:08 m.

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

Carcinomatosis
(Primary site unknown)

Other contributory causes of importance: 53

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

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) Paul V. McPherson, M. D.
(Address) Edg. Bldg. Des Moines, Mo.

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.

