

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JeffersonRegistration District No. 421Township Crystal CityPrimary Registration District No. 5-5-70aCity Crystal City

St. _____ Ward) _____

2. FULL NAME

(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.

31004

File No. _____

Registered No. 67

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED (husband of (or) wife of) Cora Boyer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30-18717. AGE YEARS 66 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.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) Old Mines, Mo.13. NAME Pascal Boyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.15. MAIDEN NAME Bridget Munday16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richards, Mo.17. INFORMANT (ADDRESS) Cora Boyer, Crystal City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 8-3 193719. UNDERTAKER (ADDRESS) Link, J. & Co., Crystal City, Mo.20. FILED 9/1 1937 J. C. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31 193722. I HEREBY CERTIFY, That I attended deceased from February 5 1929, to July 31 1937I last saw him alive on July 31 1937. Death is said to have occurred on the date stated above, at 6:05 p. m.

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

Rheumatic endocarditis (mitral) Date of onset 38 yrsOther contributory causes of importance: chronic interstitial nephritis 1 yr
hypostatic pneumonia (terminal) 1 monthName of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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 none
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) John F. Rutledge, M. D.
(Address) Crystal City, 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.

