

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

 72 County New Madrid Registration District No. 851
 1 Township Primary Registration District No. 1123
 1 City Chalson, Mo. (No. 4587) St. Ward)
File No. 31329

Registered No.

2. FULL NAME

(a) Residence, No. Vernon Boyce Ward. (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

MEDICAL CERTIFICATE OF DEATH

 3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Boyce6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26, 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 7

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
 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) Mississippi13. NAME Vernon Boyce14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.15. MAIDEN NAME Adri Dandridge16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.17. INFORMANT Francis Boyce (ADDRESS) Sikeston, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE July 28, 193719. UNDERTAKER Adrian Elias Thomas (ADDRESS) Sikeston, Mo.

20. FILED 19..... Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1937
 22. I HEREBY CERTIFY, That I attended deceased from July 24 - 1937 to July 26 - 1937
 I last saw him alive on July 23, 1937. Death is said to have occurred on the date stated above, at 2:10 P.M.
 The principal cause of death and related causes of importance were as follows:

meningitis
following Otitis media
caused by getting ear infected
by use of matches to pick ear

Other contributory causes of importance:

Date of onset

194B1

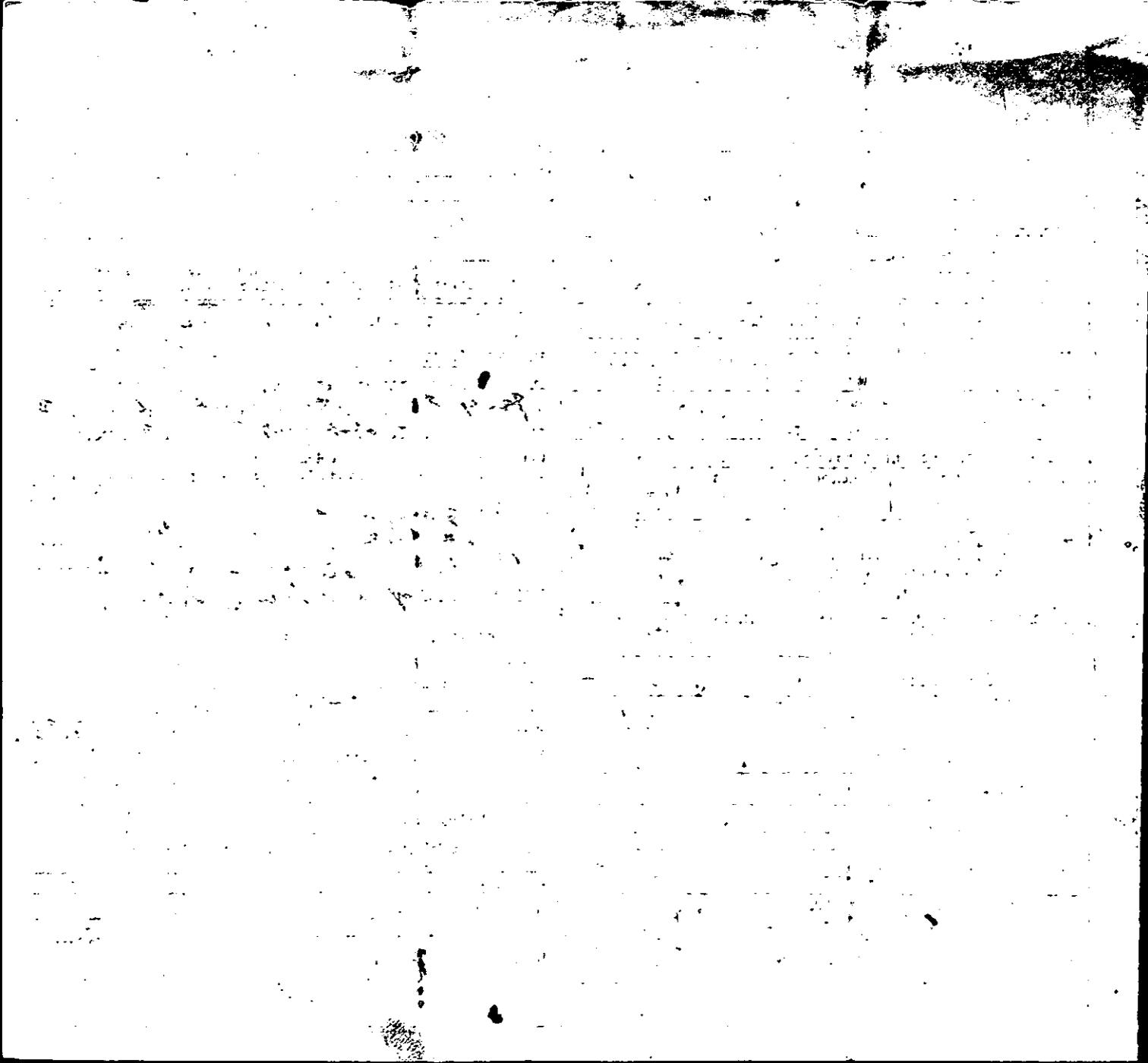
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 Adrian Elias Thomas, M. D.
(Signed) Adrian Elias Thomas
(Address) Sikeston, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31329
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 1033
 (b) Township..... Primary Registration District No. 4087 Registered No. 13
 (c) City Canalou (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Sikeston St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Boyce
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1892
 7. AGE YEARS 44 MONTHS 7 DAYS If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25 1937 to July 26 1937
 I last saw him alive on July 26 1937. Death is said to have occurred on the date stated above, at 2:19 p.m.
 The principal cause of death and related causes of importance were as follows:

Fracturing of the following otitis media caused by getting ear infected by use of matches in both ears.
 Other contributory causes of importance:

Date of onset

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) A. G. Mansfield, M. D.
 (Address) Sikeston mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
 FATHER 13. NAME Tom Boyce
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
 MOTHER 15. MAIDEN NAME Adie Dandridge
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
 17. INFORMANT (ADDRESS) Francis Boyce
Sikeston
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston mo DATE July 28 1937
 19. FUNERAL DIRECTOR (ADDRESS) Andrew Ellis Funeral Home
Sikeston mo
 20. FILED Oct 29 1937 Jas. D. Koebel
 Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

S-31329