NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Shelby — Registration District No. 827 — File No. 38956
Township: ~~Clay~~ — Primary Registration District No. 4500 — Registered No. 16
City: Clarence Mo (No. ..... St. ..... Ward)

2. FULL NAME: Bertha Harrett Boynton
(a) Residence, No. ..... St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

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: Ira Boynton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1890-Oct 10
7. AGE: 47 YEARS — MONTHS: 0 — 5 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Macon Co Mo

FATHER
13. NAME: Solomon Oft
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER
15. MAIDEN NAME: Sarrah E Hubble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon Co Mo

17. INFORMANT (ADDRESS): Mrs. Elsie Dixon
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: 10 Mile Baptist DATE: Oct 17 37
19. UNDERTAKER (ADDRESS): Million & Bookstein
20. FILED: Oct 23, 1937 Roy Hamilton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec, 1930 to Oct 15, 1937
I last saw her alive on Oct 1, 1937 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	1934
59	
Other contributory causes of importance: Diabetes mellitus	1929

Name of operation: one — Date of
What test confirmed diagnosis? urinalysis — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None — 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) D L Harlan, M. D.
(Address) Clarence 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.

SEP 7 1950