REC'D APR 21 1938

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

10488
Do not use this space.

Registration District No. 201
Primary Registration District No. 5280
Registered No. 26

1. PLACE OF DEATH
(a) County Clay
(b) Township Liberty
(c) City
(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 Alice Boyer. 600
(a) Residence, No. Clay Co. Farm. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	White	Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 6

FATHER
13. NAME Unknown. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 0

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Records Clay Co. Farm Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Co. Farm DATE 3/20/38 19

19. FUNERAL DIRECTOR (ADDRESS) Hessel - Carder Liberty, Mo.

20. FILED 3/21 1938 E T Brant Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/ 19/ 38. 19

22. I HEREBY CERTIFY, That I attended deceased from March 7 1938 to March 19 1938; I last saw h. alive on March 18 1938. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance: 104

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) J. H. Matthews, M. D.
183 (Address) Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-7-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Marvin Hessel, Licensed Embalmer No. 2509

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Marvin Hessel.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Marvin Hessel,

Licensed Embalmer No. 2509.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)