

REC'D MAY 24 1938

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

Do not use this space.

15725

1. PLACE OF DEATH

County St. FrancoisTownship Big RiverCity Blackwell, Mo. (No. _____) St. _____ Ward _____Registration District No. 775Primary Registration District No. 6019

File No. _____

Registered No. 322. FULL NAME Albert Joseph Boyer 693(a) Residence, No. Blackwell, Mo. St. _____ Ward _____Length of residence in city or town where death occurred 19 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Julia Mary Boyer.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 18697. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 8 28OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tuff miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tuff mines
10. Date deceased last worked at this occupation (month and year) Nov. 1937 11. Total time (years) spent in this occupation 1912. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) old mines Mo. 6FATHER 13. NAME Felix Boyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) washington county Mo.MOTHER 15. MAIDEN NAME Mary Roussan.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) old mines, Mo.17. INFORMANT (ADDRESS) Melvin Boyer, Waterloo, Ill.18. BURIAL, CREMATION, OR REMOVAL PLACE Tuff MW DATE April 2, 193819. UNDERTAKER (ADDRESS) Moorehead Delta Mo.20. FILED Apr. 11 2, 1938 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 1938, to April 1, 1938I last saw him alive on March 20, 1938. Death is said to have occurred on the date stated above, at 8:25 a.m.

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

Chr. myocarditis Date of onset unknownOther contributory causes of importance: 930Name of operation none Date of _____What test confirmed diagnosis? Chemical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Frank McKinstry, M. D.(Address) Edgar Bldg. De. 876, 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.

FEB 25 1949