FILED NOV 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County DeKalb
Township Washington
City (Village) Clarksdale (No. ..... St. ..... Ward)

Registration District No. 258
Primary Registration District No. 5360A

File No. 35553
Registered No. 10

2. FULL NAME Laura Kemp Boyer

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John P Boyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 27 1858

7. AGE: Years 80 | Months 0 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
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): Ind

FATHER
13. NAME: David Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Nelson Stroud
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Walter Kemp Easton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freeman Chapel DATE Oct 14 1938

19. UNDERTAKER (ADDRESS): F G Dyson Stewartsville Mo

20. FILED Oct 13 1938 Mrs C M Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/12/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9/15/38, 19..., to 10/12/38, 19...
I last saw her alive on 10/12/38, 19... Death is said to have occurred on the date stated above, 12 Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Intra capsular fracture left femur	10/4
Other contributory causes of importance: Softening of brain	1937

Name of operation: none Date of:
What test confirmed diagnosis: clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/4, 1938
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Industry at home
Manner of injury: fall
Nature of injury: Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. F. Perkins, M. D.
(Address) Clarksdale 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.