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

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.

14 1938

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

Do not use this space.

2

1. PLACE OF DEATH

56 County Jefferson — Registration District No. 421 — File No. 43486

Township — Primary Registration District No. 5575a — Registered No. 116

City Crystal City Mo. (No. ..., ... St. ..... Ward)

1 2. FULL NAME Alice Boyer

(a) Residence, No. Highway 61 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode) Crystal City, Mo.

Length of residence in city or town where death occurred 38 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 Ben Boyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1870.

7. AGE: YEARS 68 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own Housework

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) November, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Recola, Missouri

FATHER

13. NAME Theodore Portell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Recola, Missouri

MOTHER

15. MAIDEN NAME Julianne Boursau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Recola, Mo.

17. INFORMANT (ADDRESS) Mr. Ben Boyer Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crystal City, Mo DATE Dec. 9 1938

19. UNDERTAKER (ADDRESS) Gentry R. Pollitt Crystal City, Mo.

20. FILED 12/7, 1938 J E Rutledge, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1937, to Dec 6, 1938

I last saw her alive on Dec 1, 1938. Death is said to have occurred on the date stated above, at 9:50 a.m.

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

	Date of onset
Mitral Stenosis	?
Auricular fibrillation	

Other contributory causes of importance:

Hypertension

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? no 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. P. Smith, M. D.

(Address) Festus Mo