

REC'D MAR 10 1939

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

7330  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Newton Registration District No. 609  
 (b) Township Neosho Primary Registration District No. 5905 Registered No. 17  
 (c) City..... (d) Street No. Newton County Infirmary 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** Rosa Boyer

(a) Residence, No. 520 West 32nd. St. St.  Joplin Mo.  
 (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 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 Samuel Boyer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 30, 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 2 1

8. Trade, profession, or particular kind of work done, as a lawyer, 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) Effingham County  
 (STATE OR COUNTRY) Illinois

13. NAME John Holman  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Editha Doty  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Lillie Snead  
 (ADDRESS) 520 W. 32nd. Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peace Cemetery DATE Feb. 3, 1939

19. FUNERAL DIRECTOR (NAME) Corley Thompson  
 (ADDRESS) Neosho Missouri

20. FILED 2-3 1939 Ernest Sak  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939 to Jan. 28, 1939  
 I last saw her alive on Jan. 28, 1939. Death is said to have occurred on the date stated above, at 9:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis  
22'

Other contributory causes of importance:  
Fractured Lip N.M.D.

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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 not known  
 Where did injury occur? Not known  
 (Specify city or town, county, and State)

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

Manner of injury Fractured Lip  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....

(Signed) C. E. Mangus, M. D.  
543 (Address) Neosho, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

*Gail R. Gay*

Registered Apprentice No. *189*, working under my personal supervision.

Signed

*Carly Thompson*

Licensed Embalmer No. *3259*

P. O. Address

*Neosho Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**