

REG'D JUN 24 1939

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

19680

Do not use this space.

1. PLACE OF DEATH

(a) County St. Genevieve 2 Registration District No. 780
(b) Township JACKSON Primary Registration District No. 6028 Registered No. 25
(c) City (d) Street No.
(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

BOY SYLVESTER W. BOYER
(Usual place of abode, if no street address, write county or city) St. (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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 4 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
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 0

12. BIRTHPLACE (CITY OR TOWN) BLOOMSDALE 0
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME SOLOMON BOYER 0
14. BIRTHPLACE (CITY OR TOWN) BLOOMSDALE
(STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME CLEMETINE CHARLEVILLE
16. BIRTHPLACE (CITY OR TOWN) FRENCH VILLAGE
(STATE OR COUNTRY) MISSOURI

17. INFORMANT Mrs Solomon Boyer
(ADDRESS) Bloomdale Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE CORCORAN CEMETERY DATE May 10 1939

19. FUNERAL DIRECTOR (NAME) Geo. C. Basher
(ADDRESS) St. Genevieve Mo

20. FILED May 9 1939 T.W. Douglas
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 8 1939

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 9 A m.

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

SHOT GUN WOUND IN
HEAD. PENETRATING BRAIN
SUICIDE
(Verdict of jury) Date of onset

Other contributory causes of importance: 167

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? Suicide Date of injury 5/8/1939

Where did injury occur? St. Genevieve County
(Specify city or town, county, and State)

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

Manner of injury SHOTGUN WOUND

Nature of injury SHOOTING TOP OF HEAD OFF

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

If so, specify.....

(Signed) Geo. C. Basher Coroner
706 (Address) St. Genevieve 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,

L. C. Basher

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

L. C. Basher

Licensed Embalmer No.

1985

P. O. Address.....

W. H. ...

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.