

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.

SEP 1 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BollingerTownship WayneCity Zalma

(No.)

Registration District No. 69Primary Registration District No. 5108

File No.

Registered No.

St.

Ward)

2. FULL NAME Andrew Franklin Boyers(a) Residence, No. Zalma

St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

Male

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 OFMary Emaline Boyers

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

1863,

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.76

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ind.

FATHER

13. NAME

Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

17. INFORMANT

(ADDRESS)

Mrs. A. F. BoyersZalma, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Zalma

DATE

19

19. UNDERTAKER

(ADDRESS)

20. FILED

8/28

19

39Miss John Boyers

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 5, 1939, 1939

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw h..... alive on, 19

Death is said

to have occurred on the date stated above, at 4:30 P.

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

Date of onset

No medical attention

Other contributory causes of importance:

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?

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) J. B. Graham, Deputy Coroner(Address) Centerville, Mo.701

Belonger

Wayne

Zeims

Andrew Franklin Povers

Zeims

Male

White

City Building Povers

1963

4:50 P

76

Partner

Ind.

Unknown

Unknown

Unknown

Unknown

Mrs. A. F. Povers

Zeims, No.

Zeims