

FILED AUG 10 1942
266

Registration District No. _____

Primary Registration District No. 4164

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community most of her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? X years 0

8. (a) PRINT FULL NAME Ienthia I. Boyce

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife James Boyce 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Oct 9 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Knoxville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business X

12. Name John Clawson

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Christen Whitehouse

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. L. Jones

(b) Address Salem Mo

17. (a) burial (b) Date thereof 7/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove em

18. (a) Signature of funeral director J. D. ...

(b) Address Salem Mo

19. (a) 7-16-42 (b) Jos. D. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from July 1942 to July 1942,
that I last saw her alive on July 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hepatitis

Due to _____

Due to Chronic Hepatitis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury 0

23. Signature J. D. ... (M. D. or other)

Address Salem Mo Date signed 7/16/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

