

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

Do not use this space.

13920

1. PLACE OF DEATH

County Henry Registration District No. 347
 Townshp _____ Primary Registration District No. 3018
 City Clinton (No. 11) St. _____ Ward _____

File No. _____
 Registered No. 5-6

2. FULL NAME

Frank Boyce

(a) Residence. No. 608 N. Grand Liban 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Boyce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 2 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer 377
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co - Mo

10. NAME OF FATHER Wm Boyce

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Mrs. Burton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Andy Shephard 422 N. Norton K.C. Mo.

15. FILED 4/14, 19 31 Ed C. T. Peelor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/12 19 31

17. I HEREBY CERTIFY, That I attended deceased from April 12 1931, to April 12 1931, that I last saw him alive on April 12 1931, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary T. B.

CONTRIBUTOR (SECONDARY) D.B. (duration) Don't know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH world was

DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. R. Hampton, M. D. (Address) Clinton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Clinton Mo 4-14 19 31

20. UNDERTAKER ADDRESS
Spore & Son Clinton Mo

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.

MAY 28 1931

PARENTS

