

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.

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

Do not use this space.

NOV 18 1935

31738

1. PLACE OF DEATH

County Andrew
Township Monroe
City San Antonio

Registration District No. 10Primary Registration District No. 35013

File No. _____

Registered No. 4

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. San Antonio Mo. Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21, 1852</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>9</u>	DAYS <u>27</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>San Antonio, Missouri</u>		
FATHER	13. NAME <u>Jacob Boyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Hannah Keasler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>C. O. Cornelius</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bowen Cem.</u> DATE <u>Oct. 29, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>E. E. Sidenfaden</u>		
20. FILED <u>10-28</u> , 19 <u>35</u> <u>J. H. Blodie</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 27, 1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>10-24</u> , 19 <u>35</u> , to <u>10-26</u> , 19 <u>35</u> . I last saw him alive on <u>10-26</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>11:55 am</u> . The principal cause of death and related causes of importance were as follows: <u>Cancer of Rectum</u>
Other contributory causes of importance <u>No</u>
Name of operation <u>None</u> Date of _____
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>
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) <u>Dr. C. L. Perkins</u> , M. D. (Address) <u>Clarksdale, Mo.</u>

