

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

Do not use this space.

34243

1. PLACE OF DEATH

County... *Monteair*
Township... *Yucca Fork*
City... *Lipton* (No.)

Registration District No. *578*
Primary Registration District No. *H 339*

File No.
Registered No.
St. Ward)

2. FULL NAME

William Virgil Boyer

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* | 4. COLOR OR RACE *white* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Mary A. Boyer*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *7-25-1855*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
	<i>73</i>	<i>2</i>	<i>21</i>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... *Retired Farmer*
(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) *Kentucky*

10. NAME OF FATHER *Samuel Boyer*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

12. MAIDEN NAME OF MOTHER *Margaret Kelley*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

14. INFORMANT *Myrtle Boyer* (Address) *California*

15. FILED *10/21/28* *Mrs. C. C. Fry* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *10-16-1928*

17. I HEREBY CERTIFY That I attended deceased from *10-11-1928* to *10-16-1928* that I last saw him, alive on *10-16-1928*, and that death occurred, on the date stated above, at *8:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Central Hemorrhage
Heart

CONTRIBUTORY (SECONDARY) *740*

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

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF...
WAS THERE AN AUTOPSY? *No*
WHAT TEST CONFIRMED DIAGNOSIS? *Physical*
(Signed) *S. H. T. Edmond* M. D.
10-17-1928 (Address) *Lipton Mo*

*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 *Flag Springs* DATE OF BURIAL *10-18-1928*

20. UNDERTAKER *Jessie E. Richards* ADDRESS *Lipton Mo*

WRITE PLAINLY, WITH LEADING INK---THIS IS PE. ENI RECORD

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.

1928

