

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.

39131

**1. PLACE OF DEATH**

County Spokane Registration District No. 823 File No. \_\_\_\_\_  
 Township Harvard Primary Registration District No. 4498 Registered No. \_\_\_\_\_  
 City Winning (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ 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.

Thomas Boyett

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE A 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Boyett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 | 2 | 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Timber Man  
 (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) Iowa Co Mo

**10. NAME OF FATHER**

John Boyett

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ia

**12. MAIDEN NAME OF MOTHER**

Nancy Nelson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ky

**PARENTS**

14. INFORMANT Hattie Boyett  
 (Address) Winning Mo

15. FILED Nov 7, 1928 Mabel Bacon  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 5 - 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1 - 1928, to Nov 5 - 1928 that I last saw him alive on Nov 4 - 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Broncho Pneumonia  
157A  
56 (duration) yrs. mos. 7 ds.

**CONTRIBUTORY (SECONDARY)**

Exposure  
 (duration) yrs. mos. 30 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

18. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Frank Lytle, M. D.

11-6-1928 (Address) Winning 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**

**DATE OF BURIAL**

Winning Cemetery

Nov 7 1928

**20. UNDERTAKER**

**ADDRESS**

None

