

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT 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.

MAR 1 5 1935

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

Do not use this space.

7307

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis. (No. 1015 Victor St. St. _____ Ward _____)

File No. _____
Registered No. 173 ✓

2. FULL NAME Charles Boyt.

(a) Residence, No. 1015 Victor. St. 23 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 Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertie Boyet.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1890.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 45 0 11 21 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Co.

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) Missouri.

13. NAME Joe Boyet.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Lue Wadlow.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Gertie Boyet.
1015 Victor St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Wood DATE Feb 21, 1935

19. UNDERTAKER (ADDRESS) A. W. McLaughlin
2301 Lafayette Ave.

20. FILED FEB 20 1935
J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1935 to Feb 18, 1935

I last saw ~~him~~ alive on Feb 18, 1935 Death is said

to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

Double Labor Pneumonia

Date of onset

Other contributory causes of importance:

Re not known

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) James M. Hawes, M. D.

(Address) 2025 N. Jefferson

