

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

Do not use this space.

9693

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (Name of City) **St. Luke's Ward**

File No.....
Registered No. **2227**
.....St. Ward

2. FULL NAME

(a) Residence. No. **4960 Pershing** St., **12** 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 **Female** | 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 **John B. Kennard**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 5 - 1879**

7. AGE YEARS MONTHS DAY If LESS than 1 day, ____ hrs. or ____ min.
54 | 0 | 29

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **J. Hill Boyd**

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

12. MAIDEN NAME OF MOTHER **Elizabeth Shepley**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

14. INFORMANT **Mary Kennard Wallace**
(Address) **4976 Pershing Ave -**

15. FILED **-6 1227** **Mary E. Starceff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 4 1927**

17. I HEREBY CERTIFY, That I attended deceased from **March 1**, 1927, to **March 4**, 1927, that I last saw him or alive on **March 4**, 1927, and that death occurred, on the date stated above, at **9:00 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute dilatation of heart.
secondary to operation.

CONTRIBUTORY (SECONDARY) **depression of heart and cerebral vessels**
and hemorrhoids with Varicose Hypertrophy
and hemorrhoids for some

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

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **March 3rd**
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**
(Signed) **H. Grossman** M. D.
March 6, 1927 (Address) **University Club, 1827**

*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 **Bellefontaine** DATE OF BURIAL **March 7 1927**

20. UNDERTAKER **Magover** ADDRESS **3621 Olive**

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.

STATEMENT RECORD

Dr H. A. Crosses

2-3 P.M.

Je 4699.

University Club.