MARGIN RESERVED FOR BINDING

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.

JUN 1 1927

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

Do not use this space.

12637

1. PLACE OF DEATH

County Ralls — Registration District No. 725 — File No.

Township ~~Center~~ — Primary Registration District No. 4431 — Registered No.

City Center (No. ..... St. ..... Ward)

2. FULL NAME Marry A Boyd

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jacen Boyd.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 10 1848

7. AGE: Years 78 — Months 4 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(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): Pittsburg Penn

PARENTS

10. NAME OF FATHER: White Couch.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Penn

12. MAIDEN NAME OF MOTHER: Amand Mauch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Penn

14. INFORMANT (Address): Margart Howard Hannibal Mo

15. FILED 4-30th 1927 J. T. Howard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 23 1927

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1927, to April 23, 1927, that I last saw her alive on April 23, 1927, and that death occurred, on the date stated above, at 2:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Coma

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic interstitial nephritis (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. B. Hosten, M. D.

4/25 1927 (Address) Center 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~~: Madisonville — DATE OF BURIAL: April 24 1927

20. UNDERTAKER: W. H. Couch. — ADDRESS: Center