

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

Do not use this space.

19067

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **City of St. Louis, Mo.**)

File No.
Registered No. **3360**
St. Ward)

2. FULL NAME

Eula Boyd
(a) Residence No. **4520 S. Garfield St.** 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred **16** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OR (OR) WIFE OF **Albert Boyd**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 5, 1902**
7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
24 | **7** | **28** | **0** | **0** | **0**
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**
(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) **Ark**
10. NAME OF FATHER **Bannette Dale**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ark**
12. MAIDEN NAME OF MOTHER **Rebecca Bots**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

14. INFORMANT **Ursula Woodard**
(Address) **City Hospital #2**

15. FILED **APR -7 1936**
W. S. Starneoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 3 1927**
17. I HEREBY CERTIFY That I attended deceased **3** **months** that I last saw him **3** **April 3** 19 **27** alive on **April 3** 19 **27** and that death occurred, on the date stated above, at **3:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Schlemmer Purpural
1457
1504

CONTRIBUTORY **Presherium**
(SECONDARY)
Child Birth (duration) yrs. 1 mos. 2/da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
14
0 DID AN OPERATION PRECEDE DEATH? **no**. DATE OF.....
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS? **Chiswick St. Louis**
(Signed) **J. W. Waring, M. D.**
, 19 (Address) **City of St. Louis**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Marion Hill** **DATE OF BURIAL** **4-7-1927**

20. UNDERTAKER **W. S. Wade & Sons** **ADDRESS** **4202 Finney**

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.

