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

Do not use this space.

15162

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1642 Washington St. Ward)
Registration District No. 5008
Primary Registration District No.
File No.
Registered No. 2030

2. FULL NAME Isaac Boyd
(a) Residence. No. 1642 Washington St. 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 27, 1855

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|
| 72 | 1 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Mo

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT John Boyd
(Address) Mountain Grove, Mo.

15. FILED May 18, 1927 M. M. Crowe Asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/18 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1926, to 5/18/, 1927, that I last saw him alive on 5/15/, 1927, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma, gastric
44a
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Mountain Grove, Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. G. Potter, M. D
5/18/, 1927 (Address) 513 Commerce Bldg

*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 Mountain Grove Mo
DATE OF BURIAL May 19 1927

20. UNDERTAKER Mrs. C. L. Forster
ADDRESS 918 Brooklyn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Hab. 0107