

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

Do not use this space.

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.

1928

1. PLACE OF DEATH  
 County Franklin Registration District No. Dr. Clark's 318  
 Township Franklin Primary Registration District No. 700P  
 City Springfield (No. 1016 College St.) St. Mo. Ward 1  
 Registered No. 4592  
 Registered No. 91

2. FULL NAME Goldens Boyd Edington  
 (a) Residence. No. 1016 College St., 9 Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claude Edington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13, 1892

7. AGE YEARS 35 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. 0 min. 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) Mo. (STATE OR COUNTRY)

10. NAME OF FATHER J.W. Boyle

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)

14. INFORMANT Claude Edington (Address) 1016 College St.

15. FILED 27 1928 Oct 28 Mo. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3-28

17. I HEREBY CERTIFY That I attended deceased from Jan 19, 1928 to Jan 28, 1928, and that I last saw him alive on Jan 19, 1928, and that death occurred, on the date stated above, at Springfield, Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis  
Pulmonary & Laryngeal  
23A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Did not treat her and her only creature Jan 19 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo. IF NOT AT PLACE OF DEATH, DATE OF Mo. DID AN OPERATION PRECEDE DEATH, DATE OF Mo. WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS C. Bellini (Signed) 2/6, 1928 (Address) Springfield Mo.

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

19. PLACE OF BURIAL, CREATION, OR REMOVAL Springfield CEMETERY DATE OF BURIAL 2-6-28

20. UNDERTAKER W. H. Hume ADDRESS W. H. Hume

