

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

Do not use this space.

6977

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. ....  
 City St. Louis (No. 4108<sup>2</sup>) Botanical St. .... (Ward)

**2. FULL NAME**

(a) Residence. No. 4108<sup>2</sup> Botanical St. 17 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** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND or (OR) WIFE of Ernest G Boyd  
**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Jan 5, 1879  
**7. AGE** YEARS MONTHS DAYS 49 1 16 **IF LESS than 1 day, hrs. or min.**  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Home  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

**9. BIRTHPLACE** (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)  
**10. NAME OF FATHER** John J Jeans  
**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)  
**12. MAIDEN NAME OF MOTHER** Elizabeth Walker  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

**14. INFORMANT** Ernest G Boyd  
 (Address) 4108<sup>2</sup> Botanical

**15. FILED** Feb 22 1928 ma. B. Starkeoff  
 19. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Feb 21, 1928  
**17.** I HEREBY CERTIFY, That I attended deceased from Feb 18, 1928, to Feb 21, 1928, that I last saw her alive on Feb 20, 1928, and that death occurred, on the date stated above, at 8:40 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Pleur. Pneumonia (lobes right)  
1/10/108 (duration) yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)** Lo. Grippe (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** at home  
 IF NOT AT PLACE OF DEATH.....  
**19. DID AN OPERATION PRECEDE DEATH?** no. DATE OF.....  
**WAS THERE AN AUTOPSY?** no.  
**WHAT TEST CONFIRMED DIAGNOSIS?** clinical diagnosis  
 (Signed) Kenneth S. Braxey, M.D.  
Feb 22 1928 (Address) Grand Lafayette  
 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** Troy, Mo. **DATE OF BURIAL** Feb 22 1928  
**20. UNDERTAKER** Drehmann Haural **ADDRESS** 1905 Union

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.

Grand & Lafayette  
2-3 PM