

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

Do not use this space.

22235

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City..... **St. Louis** (No. **City Hospital #2**) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. **7735 Fordey** St. **8** Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred **10** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **col.** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 9 1887**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**36** | **8** | **5** | **—** | **—** | **—**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Laborer**  
 (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) **Ky**

10. NAME OF FATHER **Mack Boyd**

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

12. MAIDEN NAME OF MOTHER **Nancy Lewis**

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

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

15. **JUN 17 1928** FILED **Mar C. Stankin** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 14, 1928**

17. I HEREBY CERTIFY That I attended deceased from **6/13 1928** to **6/14 1928** that I last saw him alive on **6/14 1928**, and that death occurred, on the date stated above at **4:20 P.** m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Lobar pneumonia**

**about 10/11** (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **no** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH... **not known**

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical** (Signed) **A. E. G. Miller** M. D. , 19 (Address) **City Hospital #2**

\*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 **Booker Washington** DATE OF BURIAL **6/18 1928**

20. UNDERTAKER **A. H. Green** ADDRESS **St. Louis Mo**

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.

