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

Do not use this space.

26588

1. PLACE OF DEATH
County Butler. Registration District No. 89
Township Primary Registration District No. 5131
City Poplar Bluff St. Ward)
File No.
Registered No. 170

2. FULL NAME Flora Boyd.
(a) Residence. No. Vinegar Hill 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 F.
4. COLOR OR RACE Col
5. ~~SINGLE, MARRIED~~, WIDOWED OR ~~DIVORCED~~ (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Murman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1859

7. AGE Years 69 Est Months Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Darlington
(STATE OR COUNTRY) S. C.

PARENTS
10. NAME OF FATHER Daniel Johnson.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known.
(STATE OR COUNTRY) not known.
12. MAIDEN NAME OF MOTHER not known.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) not known.

14. INFORMANT Mattie King
(Address) Poplar Bluff Mo

15. FILED 8/4, 1928 Dr B J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-3 1928.

17. I HEREBY CERTIFY, That I attended deceased from 8-1, 1928, to 8-3, 1928 that I last saw her alive on 8-3, 1928, and that death occurred, on the date stated above, at 8:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical symptom

8/4/28, 19 (Signed) A. J. Clay, M. D
(Address) Poplar Bluff, Mo

*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 City Cem — DATE OF BURIAL 8-5 1928

20. UNDERTAKER Frank Und-Co-Poplar Bluff ADDRESS

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.

SEP 24 1928