

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

Do not use this space.

1. PLACE OF DEATH

Commy.....

Registration District No.....

791

42621

Township.....

Primary Registration District No.....

1003

File No.....

City.....

(No. 1139A N 24th St)

Registered No. 11867

St. Ward)

2. FULL NAME

(a) Residence. No. 1139A N 24th St., 21 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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 Cal 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1938

7. AGE YEARS MONTHS DYS IF LESS than 1 day, hrs. or min. 6 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nil
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis MO (STATE OR COUNTRY)

10. NAME OF FATHER Charles Boyd

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

12. MAIDEN NAME OF MOTHER Pearl Boyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Little Rock Ark (STATE OR COUNTRY)

14. INFORMANT Pearl Boyd (Address) 1129A N 24th St

15. FILED --6 1938 May 1 Standiford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/5/1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 4 to Dec 4 1928 that I last saw her alive on Dec 4 1928, and that death occurred, on the date stated above, at Dec 5 12:06 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cholera Infantum

CONTRIBUTORY (SECONDARY) 113A

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J.M. Brown M.D.

Dec 5, 1928 (Address) 822 N. Jefferson

*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 Washington Park Cemetery DATE OF BURIAL 12/7 1928

20. UNDERTAKER Shuman Bros ADDRESS 215 S. Jefferson Ave

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.

RECORD PERMANENT WITH CERTIFICATE THIS IS A

