105

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

Do not use this space.

5129

1. PLACE OF DEATH
County: Sullivan
Township: Brown
City: Humphreys (No. ..., ... St. ... Ward)
Registration District No. 851
Primary Registration District No. 4517
File No.
Registered No.

2. FULL NAME: Henry T Boyd.
(a) Residence. No. ... St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary A. Boyd.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 18-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	11	26	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Ohio

PARENTS
10. NAME OF FATHER: Tom. Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY): Ireland.
12. MAIDEN NAME OF MOTHER: Jane Taggart.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY): Ireland.

14. INFORMANT: Mary A Boyd
(Address): Humphreys Mo

15. FILED: Jan 15 1929 T A Hart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 14 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Neuro Sever brain apoplexy Secondary
Chronic Nephritis Hypertrophy
Heart Trouble for years
95B
(duration) ... yrs. ... mos. ... ds.
162 days

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

$250

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH ...
DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) A E Bowers, M. D
1-15, 1929 (Address) Humphreys 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: Edinburg Cem. Mo
DATE OF BURIAL: Jan 18 1929
20. UNDERTAKER: R L Payne
ADDRESS: Galt Mo.

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.