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

Do not use this space.

33398

1. PLACE OF DEATH
County Dunklin — Registration District No. 284 — File No.
Township Freeborn — Primary Registration District No. 4168 — Registered No. 20
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Marguerite Imogene 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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 21-29

7. AGE — YEARS: — MONTHS: 4 DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(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): Clarkton Mo

PARENTS
10. NAME OF FATHER: Henry Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Holcomb Mo
12. MAIDEN NAME OF MOTHER: Altha Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Holcomb Mo

14. INFORMANT: L. E. Wright
(Address): Clarkton Mo

15. FILED 10-26 1929 J. B. Steinmetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/26 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/20, 1929, to 10/26, 1929 that I last saw her alive on 10/19/30 1929, and that death occurred, on the date stated above, at 1430 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Malnutrition

158

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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? [illegible]

(Signed) [illegible], M. D.

10-26, 1929 (Address) Piggott Ark

*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: Pine City — DATE OF BURIAL: 10-27 1929

20. UNDERTAKER: W. M. Hubbard — ADDRESS: Clarkton 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.