

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.

MAY 26 1929

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

Do not use this space.

12234

1. PLACE OF DEATH

County *J. Franklin*
Township *St. Clair*
City (No.)

Registration District No. *244*
Primary Registration District No. *478*

File No.
Registered No. *13*
St. Ward

2. FULL NAME

Leine 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 *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) *unmarried*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *11/6, 1901*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormins.
28 4 28

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

9. BIRTHPLACE (CITY OR TOWN) *Tulsa, Okla.*
(STATE OR COUNTRY)

10. NAME OF FATHER *Joe Peery*

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

12. MAIDEN NAME OF MOTHER *Ida Johnson*

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

14. INFORMANT *Ida Peery*
(Address) *So. B. V. 2451 - 2nd St. Tulsa*

15. FILED *7/4, 1930* W. S. Hatcher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *7/3 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Oct. 10, 1927* to *Apr. 3, 1930* that I last saw her alive on *4-3-30* and that death occurred, on the date stated above, at *12 28* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs - 23A
(duration) *2* yrs. *4* mos. *28* ds.

CONTRIBUTORY (SECONDARY) *31*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *31*
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*
(Signed) *W. S. Hatcher*, M. D.
7/4, 1930 (Address) *St. Clair*

*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 *Old Fellowship Cemetery* DATE OF BURIAL *7/4 1930*

20. UNDERTAKER *Margie Chadwood* ADDRESS *St. Clair*

JUL 6 1941