

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

Do not use this space.

14379

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 3649
St. Ward)

2. FULL NAME

Martha Boyd
(a) Residence. No. 1432 1/2 N-12th St., 25 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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 48

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Memphis, Tenn.
(STATE OR COUNTRY)

10. NAME OF FATHER Geo. Washington

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

12. MAIDEN NAME OF MOTHER Margaret Walton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Fla

14. INFORMANT Estella Washington
(Address) 1220 1/2 N-14th St.

15. APR 12 1930 FILED W. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from April 8th 1930, to April 8th 1930, that I last saw her alive on April 8th 1930, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
9/4/30
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? Unknown
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) G. Wood, M. D.

, 19 (Address) 932 1/2 N-14th St.

*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 Greenwood Cemetery DATE OF BURIAL 4-12 1930

20. UNDERTAKER A. S. Deal and Co. ADDRESS 2726 Lucas 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.

