

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

Do not use this space.

17756

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. City 1003)

File No.....  
Registered No. 4850  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 3902a Blumer St. 17 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1930

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

17. I HEREBY CERTIFY, That I attended deceased from May 5 1930 to May 16 1930 that I last saw him alive on May 16 1930 and that death occurred, on the date stated above, at 11:31 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 - 1854

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 3 4 22

Generalized Arterial Sclerosis  
Chronic Myocarditis  
Senile Dementia

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. At Home 930  
(b) General nature of industry, business, or establishment in which employed (or employer) 162  
(c) Name of employer

CONTRIBUTORY (SECONDARY) 1013  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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

10. NAME OF FATHER Thos Boyd

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

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

19. DID THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER unknown

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Carl H. Hottel M.D.  
5/17 1930 (Address) City 1003

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

\*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.

14. INFORMANT (Address) Hospital Informant  
Edward  
City 1003

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Plattin Mo  
DATE OF BURIAL 5-19 1930

15. MAY 18 1930 FILED May C. Starling REGISTRAR

20. UNDERTAKER McLaughlin 1631 meau.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. C. Corder  
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