

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.

SEP 21 1930

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

Do not use this space.

25827.

1. PLACE OF DEATH

County Barry Registration District No. 31
Township Butterfield Primary Registration District No. 6240
City (No. St. Ward)

File No. _____
Registered No. 20
St. _____ Ward)

2. FULL NAME

Thelma Marie 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 11, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
15 0 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(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) MO.

10. NAME OF FATHER Robert Boyd.

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

12. MAIDEN NAME OF MOTHER Blalack.

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

14. INFORMANT Robert Boyd.
(Address) Purdy, Mo.

15. FILED 9-11, 1930 Mattie Blankenship
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 1929, to Aug 16, 1930 that I last saw her alive on Aug 15, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes
59
106 1/2

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. B. Keeley, M. D., 19 (Address) Purdy, 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

Amhart

DATE OF BURIAL

8-17 1930

20. UNDERTAKER

Blankenship

ADDRESS

Purdy

