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.

Aug 26 1930

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

Do not use this space.
27027
27027

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township Marion — Primary Registration District No. 3020 — Registered No.
City McCune-Brooks Hospital, Centennial St. Ward)
Carthage

2. FULL NAME Lola Mae Boyd
(a) Residence. No. Fifth St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 28 1906

7. AGE: YEARS 23 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Shawnee
(STATE OR COUNTRY): Oklahoma

PARENTS
10. NAME OF FATHER: Sam Gibson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Lottie Duff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Aurora
(STATE OR COUNTRY): Missouri

14. INFORMANT: Clark Boyd
(Address): Carthage Missouri

15. FILED 8-8, 1930 E H Ketcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1930, to Aug 8, 1930, that I last saw her alive on Aug 8, 1930, and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute peritonitis with ruptured appendix
121 A
129 (duration) yrs. mos. 3 ds.

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

1172

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug. 8. 30.
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. N. Webster, M. D.
Aug 9, 1930 (Address) Carthage 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: Forrest Park Cemetery, Joplin, Mo. — DATE OF BURIAL: Aug. 1930

20. UNDERTAKER: Knell Mortuary — ADDRESS: Carthage Mo.