NOV 21 1930

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

Do not use this space.

32223

1. PLACE OF DEATH
County: Butler
Township: Poplar Bluff
City: Poplar Bluff (No. ..., ... St. ... Ward)
Registration District No.: 89
Primary Registration District No.: 3007
File No.:
Registered No.: 210

2. FULL NAME: Ollie Bell Boyd
(a) Residence. No. 205 No. B St Poplar Bluff Mo 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.

N

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 22-1893

7. AGE: Years 37 | Months 3 | Days 1 | If less than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railway Clerk
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Asa
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: James Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Mary Strain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Murphysboro
(STATE OR COUNTRY): Ill

14. INFORMANT: Ira M. Bradley
(Address): Poplar Bluff Mo

15. FILED 10-25 1930 B J Cline REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 23" 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-23, 1930, to 10-23, 1930, that I last saw h... alive on 10-22, 1930, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
Hx B
(duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (SECONDARY): None
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? Yes
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes exploratory & find cancer
DATE OF about June 1930
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Operative

(Signed) A J Clay, M. D.
10/25, 1930 (Address) Poplar Bluff 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: City Cemetary
DATE OF BURIAL: Oct 26" 1930

20. UNDERTAKER: N T Phelps
ADDRESS: Poplar Bluff Mo

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.