

NOV 26 1930

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

Do not use this space.

33554

File No. ....  
Registered No. 224  
St. .... Ward)

1. PLACE OF DEATH

County Monroe Registration District No. 556  
Township ... Primary Registration District No. 4328  
City Princeton (No. .... St. .... Ward)

2. FULL NAME

Lucinda E. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Boyd  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, — hrs. or — min.  
54 3 13

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)

Grundy County  
(STATE OR COUNTRY)

10. NAME OF FATHER

James Berry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Whan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Penn  
(STATE OR COUNTRY)

14.

INFORMANT J. M. Boyd  
(Address) Princeton Mo.

15.

FILED 10/30, 1930 J. M. Perry  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19 .....

17. I HEREBY CERTIFY That I attended deceased from April 16, 1928, to Oct 29, 1930  
that I last saw her alive on Oct 29, 1930, and that death occurred, on the date stated above, at 7:10 A.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Cervix uteri with metastasis to liver, stomach, viscera & lungs.  
(duration) 2 yrs. 6 mos. 13 ds.

CONTRIBUTORY (SECONDARY)

410 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 19, 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory

(Signed) C. J. Lohr M.D.

1929, 1930 (Address) Princeton 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

DATE OF BURIAL

Princeton Mo. 10/31 1930

20. UNDERTAKER

ADDRESS

Naol Mass Princeton 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.

