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

Do not use this space.

36096

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. — Registered No. 4499
City Kansas City (No. 2843 Troost 1002 St. Ward)

2. FULL NAME Randolph, Geo. Boyd
(a) Residence. No. 4746 Roanoke Rd. 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: Male
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: Lou Sarah Boyd

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 7-1872

7. AGE: Years 58 — Months 2 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: M. K. T. R. R.
(b) General nature of industry, business, or establishment in which employed (or employer): Machinist
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Dundee
(STATE OR COUNTRY): Scotland

PARENTS
10. NAME OF FATHER: Omar Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dundee
(STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Martha Jane Stewart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Montrose
(STATE OR COUNTRY): Scotland

14. INFORMANT: Lou Sarah Boyd
(Address) 4746 Roanoke Rd.

15. FILED 11/7 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH Thur.

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1930, to Nov. 6, 1930 that I last saw him alive on Nov 5, 1930, and that death occurred, on the date stated above, at 8.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage due to Hypertension
102
82A (duration) 3 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
(8) DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) R. R. Coffey, M. D.
11/7, 1930 (Address) Proffessional Bldg.

*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: Mt. Moriah, C. — DATE OF BURIAL: Nov. 8 1930

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: K. C. Mo

office 1 P.M. to 3 30 P.M.