

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

Do not use this space.

*Dr. Lindsey*  
*710*

1. PLACE OF DEATH  
 County Dallas Registration District No. 247  
 Township Washington Primary Registration District No. 5342  
 City Walter Riley Boyd (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Walter Riley Boyd  
 (a) Residence No. \_\_\_\_\_, 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.

File No. \_\_\_\_\_  
 Registered No. 5

APR 21 1931

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 17

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work ✓  
 (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) Dallas Co. Mo. 1

10. NAME OF FATHER Wm R. Boyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

12. MAIDEN NAME OF MOTHER Cordie Powell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Okla

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/10 1931  
 17. I HEREBY CERTIFY, That I attended deceased from 1-6 1931, to 1-10 1931 that I last saw h. \_\_\_\_\_ alive on 1-9 1931, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronch Pneumonia

CONTRIBUTORY (SECONDARY) 10/10  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenmountain DATE OF BURIAL 1/10 1931  
 20. UNDERTAKER J. H. Moggatt ADDRESS Conway 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.

14. INFORMANT Wm R. Boyd  
 (Address) Conway Mo R.R. #2

15. FILED 4-10-1931  
J. H. Palbot REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenmountain DATE OF BURIAL 1/10 1931  
 20. UNDERTAKER J. H. Moggatt ADDRESS Conway Mo

