

MAR 25 1931

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

Do not use this space.

6154

1. PLACE OF DEATH

County Laurence Registration District No. 467
 Township Aurora Primary Registration District No. 4280
 City Aurora (No. 709 Washington) St. _____ Ward _____

File No. 207.

Registered No. _____

2. FULL NAME

Martha Elizabeth Boyd
 (a) Residence, No. 709 Washington 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-4-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
62 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Nimrod Moore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Martha A Owen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT Mrs Done Arrowood
(ADDRESS) Aurora Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo DATE 2/11 193119. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo20. FILED _____ 19 _____
W. W. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - - 9 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Homicide Killed by shot Date of onset
from gun fired by
Robert Boyd for husband.
173

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Homicide Date of injury 2/9, 1931Where did injury occur? Aurora Mo
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.
In HomeManner of injury gun shotNature of injury through thoracic aorta24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) D. L. Patton M.D.(Address) Aurora Mo

