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

Do not use this space.

11460

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No.

Township ~~Clayton~~ — Primary Registration District No. 6033 — Registered No.

City Clayton (No. 6325 Ellenwood St. Ward)

2. FULL NAME Harriet Eleanor Boyd Holt

(a) Residence. No. 6325 Ellenwood St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
86	6	24 ~~25~~	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife 23
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William Alexander Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maysville
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth Pouge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Maysville
(STATE OR COUNTRY) Kentucky

14. INFORMANT Maude Holt Peters
(Address) 109 So 38 St. Omaha

15. FILED Mar 28 1931 K. W. Sullivan Netr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 28 1931

17. I HEREBY CERTIFY, That I attended deceased from 3 - 2, 1931, to 3 - 29, 1931, that I last saw her alive on 3/29, 1931, and that death occurred, on the date stated above, at P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
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101 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

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(Signed) C. W. Bassett, M. D.
3/28, 1931 (Address) 4500 Clive Street

*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: Bellefontaine Cem. — DATE OF BURIAL: 3-31-1931

20. UNDERTAKER: C. R. Lupton — ADDRESS: Clive Street #4449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 27 1931

U. S. No. 2.

Dr. E. W. Barrett.
Lister Bldg.
#4500 Olive, St.