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

Do not use this space.

13829

File No.

Registered No. 306

1. PLACE OF DEATH

County GREENE — Registration District No. 318

Township REPUBLIC — Primary Registration District No. 2001

City — (No. St. Johns Hospital St. Ward)

2. FULL NAME ELLA. LAND

(a) Residence. No. Republic, Mo. 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.

MAY 28 1931

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 JESSEIE. LAND

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APRIL. 1st 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	46	0	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: HOUSE WIFE 235

(b) General nature of industry, business, or establishment in which employed (or employer): HOUSE WORK

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) MISSOURI

PARENTS

10. NAME OF FATHER HUGH. BOYD

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?

(STATE OR COUNTRY) KY.

12. MAIDEN NAME OF MOTHER SARAH. E. WILLIAMS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) MISSOURI

14. INFORMANT O A Boyd

(Address) South West City, Mo

15. FILED 4/15 1931 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

N

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1930 to April 14 1931 that I last saw h. alive on April 14 1931, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fibroid Tumor of Uterus with Continuous Hemorrhage

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

5416

18. WHERE WAS DISEASE CONTRACTED At Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 13-1931

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. S. Francis M. D.

4-15 1931 (Address) Republic 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: Lindsey Chapel Cemetery — DATE OF BURIAL 4/16 1931

20. UNDERTAKER R E Thurman — ADDRESS Republic 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.