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.

JUN 24 1931

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

Do not use this space.

17401

1. PLACE OF DEATH

County: Chariton — Registration District No.: 175

Township: — Primary Registration District No.: 4104

City: Salisbury (No. ..., ... St. ... Ward)

File No.:

Registered No.: 36

2. FULL NAME: Cecil Boyd

(a) Residence, No. ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 5, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	25	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sears Roebuck & Co.

10. Date deceased last worked at this occupation (month and year): May 1931

11. Total time (years) spent in this occupation *

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dewitt, Missouri

FATHER

13. NAME: Clarence Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER

15. MAIDEN NAME: Cora Koons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs. Cora Boyd,
(ADDRESS) Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dewitt, Mo. DATE: June 1, 1931

19. UNDERTAKER: Winkelmeyer Brothers,
(ADDRESS) Salisbury, Missouri

20. FILED: 5/29, 1931 G W Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1931 to May 29, 1931

I last saw h...er alive on May 29, 1931. Death is said to have occurred on the date stated above, at 5: P.m.

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

	Date of onset
Internal Hemorrhage	
Chest. Crushed	

Other contributory causes of importance:

Automobile turned over

Name of operation: ... Date of: ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ... Date of injury: ..., 19...

Where did injury occur? One mile west Salisbury, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury: Auto turned over

Nature of injury: Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) G W Hawkins, M. D.

(Address) Salisbury, Missouri.