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

Do not use this space.

1. PLACE OF DEATH

66 County _Mercer_

2 Township _Morgan_

2 City _Princeton_ (No. ...... St. ...... Ward)

Registration District No. _556_

Primary Registration District No. _4328_

File No. _1799_

Registered No. _4_

2. FULL NAME _James Nuten 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	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_

4. COLOR OR RACE _White_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Widowed_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Louie Boyd — Deceased_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _April 13, 1872_

7. AGE YEARS _59_ MONTHS _8_ DAYS _26_ If LESS than 1 day, ... hrs. or ...... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Merchant_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _Grain & Fuel_

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) _Mercer Co. Mo., Missouri_

FATHER

13. NAME _Robert Boyd_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ohio_

MOTHER

15. MAIDEN NAME _Anna Norcross_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ohio_

17. INFORMANT (ADDRESS) _Stella Casteel, Princeton Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Princeton_ DATE _Jan. 12, 1932_

19. UNDERTAKER (ADDRESS) _Noel Moss, Princeton, Mo._

20. FILED _1/10 1932_ _J M Perry_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Jan 9, 1932_

22. I HEREBY CERTIFY, That I attended deceased from _Jan 9, 1932_ to _Jan 9, 1932_

I last saw him alive on _Jan 9, 1932_ Death is said to have occurred on the date stated above, at _8:30 p.m._

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

Coronary Occlusion with severe pain radiating down arm — which lasted for about 3 hours without abatement — then sudden death.

Date of onset _1-9-32_ _8:30 p.m._

Other contributory causes of importance: ......

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

What test confirmed diagnosis? _Phy. & History_ Was there an autopsy? _No — Refused_

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? ......
(Specify city or town, county, and State)

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

Manner of injury ......

Nature of injury ......

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

If so, specify ......

(Signed) _A S Bristow_ , M. D.

_1/10-32_ (Address) _Princeton, Mo._