

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

Do not use this space.

10851

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City ST. LOUIS (No. 5800 Arsenal
City Superior)

File No.....
Registered No. 2926
St..... Ward.....

2. FULL NAME

Boyd, William
(a) Residence, No. 5800 Arsenal St., 13 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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1861
7. AGE YEARS 70 MONTHS ? DAYS ? If LESS than 1 day,hrs. ormin.

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

12. BIRTHPLACE (CITY OR TOWN) Unknown Tenn. (STATE OR COUNTRY) Tennessee

13. NAME Matth. Boyd

14. BIRTHPLACE (CITY OR TOWN) Unknown Tenn. (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Julia (?) Boulognon

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tenn.

17. INFORMANT J. E. Winger (ADDRESS) 5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk. DATE Mar. 26, 1932

19. UNDERTAKER Charles J. Gates (ADDRESS) 4107 Memphis Avenue

20. FILED MAR 26 1932 W. P. Harker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1932

22. I HEREBY CERTIFY, that I attended deceased from Feb 11, 1932 to March 21, 1932

I last saw him alive on March 21, 1932 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Chronic Myocarditis

93°C
162

Other contributory causes of importance:

Senility

Name of operation None Date of 9/6

What test confirmed diagnosis? Heart Cardiac Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Mar 21, 1932

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?

If so, specify (Signed) John Eschenbrenner M.D.

(Address) 5800 Arsenal St.

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.

