

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.

MAY 26 1932

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

Do not use this space.

13441

1. PLACE OF DEATH  
 78 County Missouri Registration District No. 65-1  
 Township Boonville Primary Registration District No. 3-863  
 City Boonville (No. ....) St. .... Ward (....)

2. FULL NAME Thelma B. Boyd  
 (a) Residence, No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wt 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
3 9 7

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓  
 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) Boonville Mo

FATHER  
 13. NAME E. Boyd  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER  
 15. MAIDEN NAME Thelma  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT E. Boyd  
 (ADDRESS) Boonville Mo R. 3

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Holly Grove DATE 4-28-32

19. UNDERTAKER Boonville Mo  
 (ADDRESS) Boonville Mo

20. FILED May 9 1932 Ada Martin  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-32

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw him alive on Saw her child 8-27-32 Death is said to have occurred on the date stated above, at 5:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Was dying with  
malairal fever when  
I saw  
38  
 Other contributory causes of importance: ①

Name of operation Autopsy Date of 4-27-32  
 What test confirmed diagnosis? Autopsy 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 4-27-32  
 Where did injury occur? Boonville Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓  
 If so, specify ✓  
 (Signed) J. B. ... M. D.  
 (Address) Boonville Mo

