

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.

NOV 25 1932

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

Do not use this space.

32918

1. PLACE OF DEATH

County Merced
Township Morgan
City Princeton (No.)

Registration District No. 556
Primary Registration District No. 5750

File No.
Registered No. 300
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Boyd</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 9, 1848</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>4</u>	DAYS <u>22</u>
IF LESS than 1 day, ... hrs. or min.		

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

James Boyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER

Adair

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14.

INFORMANT

(Address)

Fred BoydPrinceton Mo

15.

FILED

10/2 1932J. M. Perry

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Oct 1, 1932, that I last saw him alive on Oct 1, 1932, and that death occurred, on the date stated above, at 4 PM m.

THE CAUSE OF DEATH* AS FOLLOWS:

Angina Pectoris
General Edema
Intestinal infarction
(duration) yrs. mos. ds.
CONTRIBUTORY (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

10/2 1932 (Address) Princeton 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

Pine cemetery

DATE OF BURIAL

Oct 3 1932

20. UNDERTAKER

Noel Moss

ADDRESS

Princeton Missouri

