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.

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

Do not use this space.

✓ 34327

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9692

City St. Louis, Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME William Goddin Boyd

(a) Residence, No. 5601 Washington Ct. St., 5 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha K. Boyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22, 1853

7. AGE: YEARS 79 MONTHS 4 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contract Man Accounting Co.
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): Richmond, Ky

FATHER

13. NAME: William W. Boyd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Sophia Goddin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs W. G. Boyd 5601 Washington Ct.

18. BURIAL, CREMATION, OR REMOVAL: Cem. PLACE Belle Fontaine DATE Nov 2, 1932

19. UNDERTAKER (ADDRESS): O. R. Lupton & Sons # 4442 Olive Street

20. FILED NOV - 1 1932, 19 Max C. Harkey Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10 - 31 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1932, to 10-31, 1932

I last saw him alive on 10-31, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
adenomatous hypertrophy of prostate	1925
Benign	
95	
127	

Other contributory causes of importance: arteriosclerotic heart disease

Name of operation: Prostatic revision Date of 10-31-32

What test confirmed diagnosis? ..... Was there an autopsy? No

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? .....

If so, specify .....

(Signed) E. W. Grove, M. D.

(Address) BARNES HOSPITAL