

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

Do not use this space.

38117

File No. _____
Registered No. 248
St. _____ Ward)

1. PLACE OF DEATH
108 County Vernon Registration District No. 975
2 Township Center Primary Registration District No. 3039
7 City Nevada Mo. St. _____ Ward)
2. FULL NAME Martin Finley Boyd
(a) Residence. No. 413 S. Lynn St. 3rd Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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) single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 3 6 _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) anything
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) Athens Co Ohio

10. NAME OF FATHER Asa White Boyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) Don't know 31

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) " "

14. INFORMANT Mirtle Boyd
(Address) 413 S. Lynn

15. FILED 12-7-1932 E. P. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2nd 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1932, to Nov 2nd, 1932 that I last saw him alive on Oct 1st, 1932, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia - Bronchial.

10th / 10th / 7
(duration) yrs. mos. ds. 7
CONTRIBUTORY (SECONDARY) 0
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Est. Liston, M. D.
(Signed) Nov 2nd 1932 (Address) Nevada, 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 Newton Burial Ph. DATE OF BURIAL Nov. 3-1932

20. UNDERTAKER Temp Funeral Home ADDRESS Nevada Mo

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.

JAN 5 1933

