

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.

42355

1. PLACE OF DEATH

County St. Louis

Registration District No. 701

Township St. Louis

Primary Registration District No. 1000

City St. Louis (No. 2201, Blendon Place)

File No. _____

Registered No. 11487

2. FULL NAME Elizabeth Boyd

(a) Residence, No. 2201 Blendon 4 Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Boyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1868

7. AGE YEARS 64 MONTHS 5 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Beaver Dam, Wisc.

13. NAME J. J. Wolf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT A. W. Fosdike (ADDRESS) 1500 Bredell

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Dec 26, 1932

19. UNDERTAKER Atkinson & Co. (ADDRESS) 2707 N. Grand St.

20. FILED Dec 23 1932 Max O. Standley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932, to Dec 23, 1932

I last saw him alive on Dec 21, 1932 Death is said to have occurred on the date stated above, at 1:15 a. m.

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

Ch. Myocarditis Date of onset _____

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical findings 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. (1)

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) J. A. Sterling, M. D.
 (Address) 7258 Manchester

