

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

Do not use this space.

9129

**1. PLACE OF DEATH**

County Lascanade  
Township 4  
City Evansville Mo.

Registration District No. 305

Primary Registration District No. 4184

File No. 8  
Registered No. 8  
St. 8 Ward 8

**2. FULL NAME**

William Osborne Boyd

(a) Residence, No. 2

(Usual place of abode)

St. 2

Ward 2

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

married Boyd  
Husband of Emma Gorgis

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

Feb. 11 - 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

51

1

0

OCCUPATION

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

Editor of Paper

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)

Washington Iowa

FATHER

13. NAME

Robert John Boyd

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

Iowa

MOTHER

15. MAIDEN NAME

Emma Mary Lindsey

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

Not known

17. INFORMANT (ADDRESS)

Blanche Boyd  
Evansville Mo.

18. BURIAL CREMATION, OR REMOVAL

PLACE City Cemetery

DATE 3-13-1933

19. UNDERTAKER (ADDRESS)

W. F. Gathenstrater  
Evansville Mo.

20. FILED 3-23

1933

J. F. Ferrell  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from sec 15 to Feb 11, 1933

I last saw him alive on March 10, 1933 Death is said

to have occurred on the date stated above, at 8 a m.

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

Chronic Non Valvular

Date of onset

Heart disease

3 years

Other contributory causes of importance:

Myocarditis

1 year

Name of operation — Date of —

What test confirmed diagnosis? — 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 —, 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? No

If so, specify —

(Signed)

Joseph W. Mills

M. D.

(Address)

Evansville 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.

APR 21 1933

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