

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

Do not use this space.

a. A. Conrad
14101

1. PLACE OF DEATH
 78 County Barry Registration District No. 65-1
 2 Township North Grove Primary Registration District No. 4288
 4 City Southville (No. _____) St. _____ Ward _____

2. FULL NAME W. S. Boyd
 (a) Residence, No. _____ St. _____ 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1857
 7. AGE YEARS 75 MONTHS 11 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
 10. Date deceased last worked at this occupation (month and year) March 1938 11. Total time (years) spent in this occupation Life
 OCCUPATION
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin co. Ill
 13. NAME William Boyd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 15. MAIDEN NAME A. H.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Gra Boyd Southville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 4/20 1938
 19. UNDERTAKER (ADDRESS) H. S. Sasser
 20. FILED April 25, 1938 Ada Martin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19 1938
 22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938 to April 19, 1938
 I last saw him alive on April 17, 1938. Death is said to have occurred on the date stated above, at 3:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchitis
 Date of onset _____
106D / 106B
 Other contributory causes of importance: _____
 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? _____
 If so, specify _____
 (Signed) A. A. Conrad, M. D.
 (Address) Southville Mo

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.

MAY 22 1938

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