

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.

JUN 23 1933

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

Do not use this space.

17041

1. PLACE OF DEATH

56 County Lewis Co
1 Township
2 City Canton (No. _____)

Registration District No. 477
Primary Registration District No. 4286
4266

File No. _____
Registered No. 28
St. _____ Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth W. Cranshaw

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1933, to May 22, 1933.
I last saw him alive on May 20, 1933. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1860

to have occurred on the date stated above, at K. P. m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 11 27

Cerebral hemorrhage Date of onset 12/2/32

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) about 1 May 1933 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
92A
92A
92A
Aortic regurgitation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Subahia Mo

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

FATHER 13. NAME Hardin Boyd

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME Nancy Dunn

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury _____

17. INFORMANT (ADDRESS) Mrs. David Boyd

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE New Providence Mo DATE May 24 1933

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER (ADDRESS) W. S. Kelly

If so, specify _____ (Signed) Dr. Earl W. Porter 190

20. FILED May 24 1933 H. W. Harris Registrar.

(Address) Canton Mo.

