

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Townshp 2 Primary Registration District No. 003  
 City St. Louis (No. #5103, Waterman Ave. St. ..... Ward) .....

File No. 21700  
 Registered No. 5500

**2. FULL NAME**

(a) Residence, No. #5103 Waterman Ave. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm B. Field</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan'y 23 - 1848</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>5</u>
	DAYS <u>X</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>93 At Home</u>	
	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 <u>54 E</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chertex Co. Penn.</u>		
FATHER	13. NAME <u>Geo. W. Boyd</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(unknown) Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Rogers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philadelphia Penn.</u>	
17. INFORMANT (ADDRESS) <u>Walter F. Harvey #5103 Waterman Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bound Brook N.J.</u> DATE <u>6-25-1933</u>		
19. UNDERTAKER (ADDRESS) <u>R. P. Cuyler &amp; Sons #4449 Olive Street</u>		
20. FILED <u>UN 24 1933</u> <u>J. F. Bredick</u> Registrar.		

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 .1933

22. I HEREBY CERTIFY, That I attended deceased from Dan 1933, to June 23 1933  
 I last saw her alive on June 23 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Traumatic & Invasions  
R. Kidney Infection  
Sp. Malignant  
 Date of onset C

Other contributory causes of importance:  
Age - heart (myocarditis)

Name of operation 0 Date of .....  
 What test confirmed diagnosis? Physiol. Chem. Was there an autopsy? Yes

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? Yes  
 If so, specify .....  
 (Signed) Florence M. Balleis, M. D.  
 (Address) 5511 Chestnut

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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

Forest 92-4.

#55.11 Clemens Ave.

2