

**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. 797
 Township _____ Primary Registration District No. 1000
 City St. Louis (No. 3867), Folsom St. _____ Ward _____

21820

File No. _____
 Registered No. 5629

2. FULL NAME Julie E. Boyd

(a) Residence, No. 3867 Folsom St. 18 Ward. _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2-1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81</u>	<u>8</u>	<u>24</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
 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) Illinois

FATHER
 13. NAME Unknown Whitchurch

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

MOTHER
 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) A. F. Payne 3867 Folsom Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE June 28 33

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Missouri Ave

20. FILED 14 28 1933 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3 1930 to June 26 1933
 I last saw her alive on June 26 1933 Death is said to have occurred on the date stated above, at 1 P.M.
 The principal cause of death and related causes of importance were as follows:

93C
Chronic Myocarditis
93C
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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.

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. E. Hainwold D.C.M. D.
 (Address) 1657 S. GRAND BLVD

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.

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