

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.

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

Do not use this space.

232

85

35741

1. PLACE OF DEATH

County Buchanan Registration District No. 1001 File No. 1121
Township St. Joseph Primary Registration District No. 1001 Registered No. 1121
City St. Joseph (No. State Hospital #2) St. Ward

2. FULL NAME

Lawrence David Boyd
(a) Residence, No. St. Joseph - 5th St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 3 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Boyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 2

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

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) 10/4/1933 11. Total time (years) spent in this occupation. 40

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

13. NAME James Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S. Unknown

15. MAIDEN NAME Unknown Adair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S. Unknown

17. INFORMANT Records State Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Nov. 17, 1933

19. UNDERTAKER Walter Meehanoff

(ADDRESS) 1302 Faron St. St. Joseph, Mo.

20. FILED NOV 17 1933 John R. Bander Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1933

22. I HEREBY CERTIFY, that I attended deceased from Sept. 23, 1931 to Sept. 16, 1933

I last saw him alive on Sept. 15, 1933. Death is said to have occurred on the date stated above, at 4:20 a.m.

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

Bronch. Pneumonia Sept. 12-33
187A
162

Other contributory causes of importance: 1070
Senile Psychoses Sept. 23-1931

Name of operation Date of

What test confirmed diagnosis? 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) W. Cleghy Smith, M. D.
State Hospital
St. Joseph, Mo.

(Address)

1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
2027
2028
2029
2030
2031
2032
2033
2034
2035
2036
2037
2038
2039
2040
2041
2042
2043
2044
2045
2046
2047
2048
2049
2050
2051
2052
2053
2054
2055
2056
2057
2058
2059
2060
2061
2062
2063
2064
2065
2066
2067
2068
2069
2070
2071
2072
2073
2074
2075
2076
2077
2078
2079
2080
2081
2082
2083
2084
2085
2086
2087
2088
2089
2090
2091
2092
2093
2094
2095
2096
2097
2098
2099
2100