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.

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 File No. 21939

Township ..... Primary Registration District No. 1003 Registered No. 5687

City St. Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Alice Boyd

(a) Residence, No. 1409 Gay St., 25 Ward. (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 Female

4. COLOR OR RACE col

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) Unknown

7. AGE abt YEARS 64 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

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) Nashville Tenn

FATHER

13. NAME Unknown.

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

MOTHER

15. MAIDEN NAME Louise Weekley

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

17. INFORMANT (ADDRESS) Alex Boyd. 1409 Gay

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 6/7 1934

19. UNDERTAKER (ADDRESS) Roberts Und. Co. 3035 Lucas Ave.

20. FILED JUN -7 1934 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June/1/34 June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from May/20, 1934 to June/1/34, 19.....

I last saw er alive on May/31/34, 19..... Death is said to have occurred on the date stated above, at 705 P.m.

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

	Date of onset
Angina Pectoris	IMO
131	
941	
131	

Other contributory causes of importance:

Parenchymatous Nephritis, Chr.	IYr

Name of operation ..... Date of .....

What test confirmed diagnosis Urinalysis 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. Moore, M. D.

(Address) 1336 Franklin, St. Louis Mo