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

Do not use this space.

File No. 23757

Registered No.

82

**1. PLACE OF DEATH**

County Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 3011

City Excelsior Springs, Mo (No. V.A.Facility St. 3d Ward)

**2. FULL NAME** George Douglas Boyd

(a) Residence, No. U.S.Veterans' Hospital St., Ward. St.Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

AUG 8 1934

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| male | colored | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1895

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 39 | 2 | 17 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Miss.

FATHER

13. NAME George Boyd

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Records V.A.Facility
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago, Ill. DATE 7-6-34, 19

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs, Mo.

20. FILED July 7, 1934 Mrs Rea McCamman Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-22-34, 19, to 7-6-34, 19

I last saw him alive on 7-6-34, 19. Death is said to have occurred on the date stated above, at 5:25 A.M.

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

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | |
| Tuberculosis of intestine and kidney | |

Other contributory causes of importance:

Name of operation XX Date of

What test confirmed diagnosis? Exam. Obs. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? XX Date of injury XX, 19

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

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

Manner of injury XX

Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? XX

If so, specify

(Signed) H. C. Hardegree, M. D.

(Address) V.A.Facility, Excelsior Springs, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD