

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

Do not use this space.

42481

1. PLACE OF DEATH JAN 20 1935

County De Kalb

Registration District No. 258

Township Washington

Primary Registration District No. 5360A

City (No. )

St. Ward

2. FULL NAME Ronald Ragner Boyd

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/23 1934

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb Co

13. NAME Robert Ragner Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knobnoster Mo

15. MAIDEN NAME Anna Lucile Gubbins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Mo

17. INFORMANT Ronald Ragner Boyd (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Silvers Cemetery DATE Dec 31 1935

19. UNDERTAKER Mrs C A Davis (ADDRESS) Clarksdale Mo

20. FILED Dec 31 1934 Mrs C A Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-34 19

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1934 to 12-28 1934

I last saw deceased alive on 12-28 1934. Death is said to have occurred on the date stated above, at 9 a. m.

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

congenital debility

Other contributory causes of importance Lack of nourishment

Name of operation 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) O. E. Perkins, M. D.

(Address) Clarksdale Mo

