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.

Dr. H.

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

Do not use this space.

27237

SEP 25 1935

78

1. PLACE OF DEATH
County Pemiscot — Registration District No. 656 — File No.
Township Cooter — Primary Registration District No. 5873 — Registered No.
City ~~State~~ (No. ..... St. ..... Ward)

2. FULL NAME Archester Boyd
(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ——
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-17-1929
7. AGE: YEARS 6 — MONTHS 4 — DAYS 16 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: school boy
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): micola mo

FATHER
13. NAME: Canady Boyd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bolton miss

MOTHER
15. MAIDEN NAME: Lula Burns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tunica miss

17. INFORMANT (ADDRESS): Canady Boyd Steele mo R 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Holly Grove DATE 8-4 1935
19. UNDERTAKER (ADDRESS): German mdt Co Steele mo
20. FILED 9-9 1935 Tom Brigance Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-3, 1935
22. I HEREBY CERTIFY, That I attended deceased from 8/3/35, 19..., to 8/3/35, 19...
I last saw him ~~alive on~~ dead, 19..... Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Fracture skull — Date of onset
Other contributory causes of importance: 210 — 201
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? Car accident Date of injury 8/3/35 19...
Where did injury occur? Steele mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Car wreck
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) H. M. Daniel, M. D.
(Address) Steele mo

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.

INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTAL

Do not use this space.

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

1. PLACE OF DEATH
County Pemiscot — Registration District No. 656 — File No.
Township Cooter — Primary Registration District No. 5873 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Archester Boyd
(a) Residence, No. ..... St. ..... 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: M
4. COLOR OR RACE: Cal
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 6 — MONTHS 4 — DAYS — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19
19. UNDERTAKER (ADDRESS)
20. FILED 9-9, 1935 Tom Brigance Registrar.

SUPPLEMENTAL

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3, 1935
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Fracture Skull
~~Pedestrian~~ Occupant of Car
Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury ..... 19.....
Where did injury occur? 2 miles North of Steele Mo (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? .....
If so, specify .....
(Signed) H. R. McDaniel, M. D.
(Address) Steele Mo

OCT 1 9 1935

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