

SEP 26 1935

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

Do not use this space.

31623

33

1. PLACE OF DEATH

County Texas
Township Quincy
City Houston (No. _____)

Registration District No. 863
Primary Registration District No. 6127

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dan C Boyt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13, 1869</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>1</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1935

22. I HEREBY CERTIFY That I attended deceased from Aug 15, 1935, to Sept 5, 1935.
I last saw her alive on Sept 5, 1935. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Perforation of Bowels

Date of onset

Other contributory causes of importance:

Dysphoric Fever

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) <u>Feb 1935</u>
11. Total time (years) spent in this occupation <u>46</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Picking mo.13. NAME Mack Haggard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Meletina Leonard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mack Boyt, Houston18. BURIAL, CREMATION, OR REMOVAL PLACE Boone Creek DATE Sept 7, 193519. UNDERTAKER (ADDRESS) Raymond V. Elliott, Houston20. FILED 9/11/35 1935 J. P. Thomas Jr. Registrar.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? _____ 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?
If so, specify _____(Signed) W. P. Herron, M. D.
(Address) Houston, Tex.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

