JAN 13 1936

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

Do not use this space.

791

41238

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10452

City St Louis (No. City Hosp #1 St. ..... Ward)

A-13796

2. FULL NAME Alexander Boyd

(a) Residence, No. 1510 Baddle Rear 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. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1860

7. AGE YEARS 75 MONTHS 5 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Pennsylvania

FATHER

13. NAME Wm Boyd

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

MOTHER

15. MAIDEN NAME Sarah Unknown

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

17. INFORMANT (ADDRESS) Hosp Inf Mental City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 12-11 1935

19. UNDERTAKER (ADDRESS) A J Donnelly 3840 Lindell

20. FILED DEC 11 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/4, 1935, to 12/9, 1935

I last saw him alive on 12/9, 1935. Death is said to have occurred on the date stated above, at 11:05 a.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

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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) [signature], M. D.

(Address) City Hosp #1

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.