

JUN 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23979

1. PLACE OF BIRTH

County RepleyRegistration District No. 750Township BoyanPrimary Registration District No. 5985City Boyan (No. 14)File No. 1383Registered No. 1383St. Boyan Ward 14

2. FULL NAME

(a) Residence, No. Boyan St. Boyan Ward 14

(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 F. 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 Wm. Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 32 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Handicraft
 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) June 4, 1936
 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Geo Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Mary Lucas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT (ADDRESS) Lilly Miller

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boyan DATE 6-8-3619. UNDERTAKER (ADDRESS) None20. FILED 97-36 C. B. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 19362. I HEREBY CERTIFY That I attended deceased from June 23, 1936 to June 7, 1936I last saw her alive on June 4, 1936 Death is saidto have occurred on the date stated above, at 1259 a.m.

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

Date of onset

Other contributory causes of importance: Typhoid
Bowel hemorrhage

Name of operation Lab Date of June 7, 1936What test confirmed diagnosis? Lab Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury June 7, 1936

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 LabNature of injury Lab24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Lab(Signed) W. H. Johnston M. D.(Address) Boyan

MAY 24 1943