

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

Do not use this space.

AUG 18 1936

791
1003

28203

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *3009 Lawton Ave.*)

File No.....

Registered No.....

St. Ward)

2. FULL NAME

(a) Residence, No. *3007 Lawton Ave.* St., *21* Ward.

(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 *Female* 4. COLOR OR RACE *Col.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unk - 1863*

7. AGE YEARS *73* MONTHS *-* DAYS *-* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife*
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) *Montgomery Ala.*

13. NAME *unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ala.*

15. MAIDEN NAME *Sydney Bullock*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montgomery Ala.*

17. INFORMANT (ADDRESS) *Julia Boyd Stewart 3009 Lawton Ave.*

18. BURIAL CREMATION, OR REMOVAL PLACE *Washington Park* DATE *July 14 1936*

19. UNDERTAKER (ADDRESS) *H. W. Krueger 1003 N. Garfield Ave.*

20. FILED 19 *36* *J. T. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7 - 9 - 1936*

22. I HEREBY CERTIFY, That I attended deceased from *6 - 3 - 1936* to *7 - 9 - 1936*

I last saw her alive on *7 - 8 - 1936* at *6:30 A.M.* Death is said to have occurred on the date stated above, at *6:30 A.M.*

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

Chronic interstitial Nephritis Date of onset

Other contributory causes of importance: *age*

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) *Dr. Edward J. See*, M. D.

(Address) *2902 Rockledge Ave.*

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.

JUL 10 1936

