

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City Saint Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 2641 Scott Avenue, St. 22 Ward)

File No. 39521
Registered No. 110562
St. Ward

2. FULL NAME Benjamin F. Boyd,

(a) Residence, No. 2641 Scott Avenue, St. 22 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 15, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
52 0 2

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pullman Company

10. Date deceased last worked at this occupation (month and year) October 10, 1936 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkinsville Kentucky

13. NAME Pierce Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Kentucky

15. MAIDEN NAME Nancy McReynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Kentucky

17. INFORMANT (ADDRESS) Florence G. Boyd 2641 Scott Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Oct. 24, 1936

19. UNDERTAKER (ADDRESS) Charles J. Bates 4107 Finney Avenue

20. FILED Oct 21 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1936, to October 17th, 1936

I last saw him alive on October 17, 1936. Death is said to have occurred on the date stated above, at 2: P.M.

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

Broncho pneumonia Date of onset 10-10-36

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

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? No If so, specify

(Signed) Walter H. Soverman, M.D. (Address) 1506 Saint Louis Avenue

