

WRITE PLAIN INK 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.

FEB 19 1937

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

Do not use this space.

37

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1. PLACE OF DEATH
 County Atchison Registration District No. 17
 Township Dale Primary Registration District No. 3022
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Dwight Dale Boyd
 (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 — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Atchison Co. Mo.

MOTHER FATHER
 13. NAME Garette Boyd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME Jasie Harmon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co. Mo.

17. INFORMANT Garette Boyd
 (ADDRESS) Fairfax, Mo.

18. BURIAL, CREMATION, OR OTHER FINAL PLACE New Liberty Cemetery Jan. 9, 1937

19. UNDERTAKER H. N. Schooner
 (ADDRESS) Fairfax, Mo.

20. FILED 1-9 1937 Yetta B. Black
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-37

22. I HEREBY CERTIFY, That I attended deceased from 1-8-37 to 1-8-37
 I last saw him alive on 1-8-37 Death is said to have occurred on the date stated above, at 1145 P.M.
 The principal cause of death and related causes of importance were as follows:
Asphyxia neonatorum
 Date of onset 1-8-37

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Owen Neuber M. D.
 (Address) Fairfax, Mo.

