FEB 23 1937

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

Do not use this space.

File No. 2950

Registered No. 9

1. PLACE OF DEATH

County St Louis — Registration District No. 788

Township Jefferson — Primary Registration District No. 4471

City Webster Groves (No. 709 Bismark ave — St. — Ward)

2. FULL NAME Lina Boyd

(a) Residence, No. 709 Bismark ave — St. — Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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: Colored

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): about year 1839 not known

7. AGE: Years: about 98 — Months: — — Days: — — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

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): Shepherd Va.

FATHER

13. NAME: Matthew Bowles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known Virginia

MOTHER

15. MAIDEN NAME: Mary Bowles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known Va.

17. INFORMANT (ADDRESS): James Boyd 709 Bismark ave

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Father Dickson DATE 1-21-37 19

19. UNDERTAKER (ADDRESS): J C Lewis Webster Groves

20. FILED 1-21- 1937 Jules R. Yorg (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1937, to Jan 18th 1937, that I last saw him alive on Jan 18th 1937. Death is said to have occurred on the date stated above, at 2 45 a m.

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

	Date of onset
Myocarditis	

Other contributory causes of importance: Influenza

Name of operation none — Date

What test confirmed diagnosis? No post mortem — Was there an autopsy? No

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

Accident, suicide, or homicide? none Date of injury none 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. O. Darnell, M. D.

(Address) 239 E Rutledge ave St Louis Missouri

MD,

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.

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