MAR 5 - 1937

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

SUPPLEMENTARY

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8562

Township ..... Primary Registration District No. 1003 Registered No. 2017

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME Lucy Boyd,

(a) Residence, No. City Infirmary, St., Hospital Ward. 13

(Usual place of abode) 5800 Arsenal St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alex Boyd.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31, 1850.

7. AGE: 1850 YEARS: 86 MONTHS: 11 DAYS: 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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

10. Date deceased last worked at this occupation (month and year): x

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri. 1

FATHER

13. NAME: Louis Hudson. 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Helen Gile

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Crematory DATE 2/18/1937

19. UNDERTAKER (ADDRESS): James Ryan City Infirmary

20. FILED FEB 17 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Fegruary 11, 1937, to February 15, 1937

I last saw her alive on February 11, 1937. 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:

Arteriosclerosis, generalized

Date of onset

95 b

Other contributory causes of importance:

Hypertensive Heart Disease

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) [signature] M. D.

(Address) 5600 Arsenal

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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