

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

Do not use this space.

MAR 26 1937

9154

1. PLACE OF DEATH

County SULLIVAN Registration District No. 852
Township POLK Primary Registration District No. 6120
City MILAN (No.) St. Ward)

File No.
Registered No.

2. FULL NAME SHERMAN U. 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 73 yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 16 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to Feb. 17, 1937

I last saw him alive on Feb. 16, 1937. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Date of onset 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 5, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 11

Other contributory causes of importance:
arteriosclerosis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CAFE OWNER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED.
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) MILAN, MISSOURI

13. NAME JOHN BOYD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. CHARLES COUNTY MISSOURI

15. MAIDEN NAME SARAH MONTGOMERY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. DORA BOYD (ADDRESS) MILAN, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL OKWOOD CEM MILAN DATE FEB. 18 1937

19. UNDERTAKER C. A. SCHOENE (ADDRESS) MILAN MISSOURI

20. FILED Mar. 6 1937 Clio Hagan Registrar.

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 J. S. Montgomery, M. D.
(Address) Milano, Mo.

N.B. - Every year 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.

