APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 9844

Township ..... Primary Registration District No. ..... Registered No. 2399

City St Louis (No. 3133 School ..... St. ..... Ward)

2. FULL NAME Henritta Boyd

(a) Residence, No. 3133 School St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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 Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt 1886

7. AGE YEARS About 50 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. House Wife

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) Ark

FATHER

13. NAME Columbus Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER

15. MAIDEN NAME Annie Moore

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

17. INFORMANT (ADDRESS) Robert Boyd 3133 School

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Mar 1 1937

19. UNDERTAKER (ADDRESS) J. W Hughes 2620 Lawton

20. FILED MAR 1 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1937, to 2/26, 1937

I last saw her alive on 2/26, 1937. Death is said to have occurred on the date stated above, at 1.45 a m.

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

Chronic Myocarditis Interstitial Nephritis. Chronic

Date of onset

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Other contributory causes of importance: Hypertension

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) E J Gregg, M. D.

(Address) H W Jeffers

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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