APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 11290

Township: — Primary Registration District No.: 100 — Registered No.: 401

City: St. Joseph, (No. 6658, Carnegie St. St. Ward)

2. FULL NAME: Eliza Boyd

(a) Residence, No. 6658 Carnegie St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1872

7. AGE: YEARS 65 — MONTHS Unknown — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): Unk. Kentucky

FATHER
13. NAME: David Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): William Boyd 6658 Carnegie St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Urich, Missouri DATE: Apr. 1, 1937, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St., St. Joseph, Mo.

20. FILED 3/31 1937 H J Westlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar, 30, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1936, to March 30, 1937
I last saw her alive on March 28, 1937. Death is said to have occurred on the date stated above, at 5.00 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emaciation, General	Jan 1937
Cardiac - failure	

1860

Other contributory causes of importance:
Diabetes Mellitus
Senility
Fracture of Left Hip

Name of operation: None 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? Accident Date of injury 11-22, 1936
Where did injury occur? Home - City. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury: Fracture left Hip due to fall
Nature of injury: Fracture of between trochanters

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify -
(Signed) M. E. Grimes, M. D.
(Address) Kirkpatrick Bldg, St. Joseph, Mo.

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.