

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper 44 Registration District No. 44  
Township Saline Primary Registration District No. 2002  
City Joplin 7 (No. 2117 Dyers Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 12234

2. FULL NAME

(a) Residence No. 2117 Dyers St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. x mos. x 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  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William A. Boyd  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 3, 1868  
7. AGE YEARS 69 MONTHS 1 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.  
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) Unknown (STATE OR COUNTRY) Illinois

13. NAME Alfred Wright

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

15. MAIDEN NAME Sarah J. Minniear

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

17. INFORMANT Mrs. Lida Davis (ADDRESS) 2117 Dyers, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem DATE Mar. 15, 1937

19. UNDERTAKER Lanpher Mortuary (ADDRESS) 1502 Joplin St. Joplin, Mo.

20. FILED 2-13-37 Ed D. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1937

22. I HEREBY CERTIFY That I attended deceased from March 9, 1937 to March 11, 1937  
I last saw her alive on March 11, 1937 Death is said to have occurred on the date stated above, at 9:05 p.m.  
The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
Auricular fibrillation  
Other contributory causes of importance: Chronic myocarditis  
Hypertension

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) Vergil J. Jones, M. D.  
(Address) Joplin, Mo.

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.

FORM 22-36  
MAY 1 1934

