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.

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

MAY 7 1937

Do not use this space.

14443

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City Saint Louis, (No. 4244w. St. Ferdinand Avenue, St. Ward)

File No.....

Registered No. 3939

2. FULL NAME Momie Boyd

(a) Residence, No. 4244w St. Ferdinand St., // Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 22, 1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
40	19	19	

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.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Aberdeen (STATE OR COUNTRY) Mississippi.

FATHER

13. NAME Houston Terrell

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Donie Brandon

16. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Mississippi.

17. INFORMANT Katie McCollins (ADDRESS) 1953 Gay St. E. St. Louis, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE April, 15, 1937

19. UNDERTAKER Chas. G. Bates (ADDRESS) 4107 Finney Avenue

20. FILED APR 14 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to April, 1937

I last saw h er alive on April 11, 1937 Death is said to have occurred on the date stated above, at 4:40 A.M.

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

	Date of onset
Carcinoma of Right Lung,	3/12/1937
Other contributory causes of importance: Broncho Pneumonia	4/9/1937

Name of operation None Date of

What test confirmed diagnosis Clinical 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) [illegible], M. D.

(Address) 822a North Jefferson Ave.