

MAY 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15661

1. PLACE OF DEATH

County Pollinger
 Township Liberty
 City Whitenatter, Mo. (No., Ward)

Registration District No. 6.7
 Primary Registration District No. 5104

File No.
 Registered No.

2. FULL NAME James Boydman

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Boyd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1884
 7. AGE YEARS 53 MONTHS 2 DAYS 4 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Pollinger Co
 (STATE OR COUNTRY)

13. NAME Parret Boyd

14. BIRTHPLACE (CITY OR TOWN) Dont Know
 (STATE OR COUNTRY)

15. MAIDEN NAME Lincoln

16. BIRTHPLACE (CITY OR TOWN) Dont Know
 (STATE OR COUNTRY)

17. INFORMANT William Boyd
 (ADDRESS) Lutesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dangola Cemetary DATE Apr 4 th 1937

19. UNDERTAKER A. J. Baker
 (ADDRESS) Lutesville, Mo.

20. FILED May 1 19 1937 Mrs. J. A. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aprile 3rd 19

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to March 30, 1937

I last saw him alive on March 30, 1937 Death is said to have occurred on the date stated above, at 9:20 Am.

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

Primary
Secondary Broncho
pneumonia
 Other contributory causes of importance:
Influenza

Date of onset March 22 1937

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) Dr. R. A. Smith D.O., M.D.
 (Address) Zalma, 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.

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Liberty
City Liberty (No. _____)

Registration District No. 67
Primary Registration District No. 3104

File No. 15-661
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1884

7. AGE YEARS 33 MONTHS 2 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Bollinger (STATE OR COUNTRY) _____

13. NAME Parke

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

15. MAIDEN NAME Lincoln

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

17. INFORMANT William Boyd (ADDRESS) Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dongola Cemetery DATE Apr 4, 1937

19. UNDERTAKER G. J. Beyer (ADDRESS) Liberty, Mo.

20. FILED 6-31- 1937 Mrs. C. A. Sanders Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1937, to Mar 30, 1937

I last saw him alive on Mar 30, 1937. Death is said to have occurred on the date stated above, at 9:20 A M.

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

Secondary Bronchitis
Pneumonia
Influenza

Other contributory causes of importance: _____

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) Dr. R. A. Smith MD

(Address) Liberty, Mo.

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