

SEP 15 1937

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

Do not use this space.

30117

1. PLACE OF DEATH  
11 County Bushanan<sup>2</sup> Registration District No. 835124 File No. 30117  
Township Orange Primary Registration District No. 4051 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>William Boyd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 20 - 1867</u>		
7. AGE	YEARS	MONTHS
<u>35</u>	<u>70</u>	<u>2</u>
		DAYS
		<u>29</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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 <u>56</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Bushanan co</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>William Clouser</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Adeline Russell</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>North Carolina</u> (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Wm Boyd</u> <u>Dearbon mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Luzerne cem.</u> DATE <u>July 21</u> 19 <u>37</u>		
19. UNDERTAKER <u>Lucian Davis</u> (ADDRESS) <u>Dearbon mo.</u>		
20. FILED <u>July 20</u> 19 <u>37</u> <u>M. S. Skell</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1937

I HEREBY CERTIFY that I attended deceased from May 25 1937 to July 19 1937

I last saw her alive on July 18 1937. Death is said to have occurred on the date stated above, at 7:20 m.

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

Date of onset May 25 1937

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide no Date of injury no 1937

Where did injury occur no  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) M. S. Skell, M. D.  
(Address) Dearbon 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.

