

NOV 17 1938

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

7127  
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 417  
(b) Township Maple Primary Registration District No. 5561 D. Registered No. 20  
(c) City Springfield (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 300 W. North of Spring St.  (If nonresident, give city or town and State)  
Miss Hannah Minnie Boyd  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 L. O. Boyd  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1867  
7. AGE YEARS 71 MONTHS - DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Stirlington (STATE OR COUNTRY) Missouri

FATHER 13. NAME J. W. Hines 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Elizabeth Shaw 16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) England

17. INFORMANT Husband L. O. Boyd (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Calace terville Route DATE March 12, 1938

19. FUNERAL DIRECTOR Hedge Melrose (ADDRESS) Webb City, Mo

20. FILED. MCH. 1. 1938 19 B. G. Rumbold Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1938, to February 27, 1938. I last saw her alive on February 27, 1938. Death is said to have occurred on the date stated above, at 8:00 m.

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

Coronary Sclerosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 9413

Arterio Sclerosis

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? no  
If so, specify \_\_\_\_\_  
(Signed) B. G. Rumbold, M. D.  
(Address) Webb City, 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.

