

REC'D JUN 8 1938

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

18259

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 395
(c) City Springfield (d) Street No. City Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 4 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Eugene Boyd
County Farm Greene County Farm
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not Known</u>		
7. AGE <u>62</u>	YEARS	MONTHS
		DAYS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>City Hospital</u> (ADDRESS) <u>Springfield, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Hazelwood</u> DATE <u>May 11, 1938</u>		
19. FUNERAL DIRECTOR <u>Fred C. Thomas</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>May 11, 1938</u> <u>Chas. A. George, M.D.</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1938

22. I HEREBY CERTIFY That I attended deceased from May 7, 1938, to May 9, 1938.
I last saw him alive on May 8, 1938. Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
AB

Other contributory causes of importance:
Thromb. Arteriosclerosis Obliterans
Shoel (left leg amputated, artery lumen occluded thrombi)
Amputation

Name of operation _____ Date of May 6, 1938
What test confirmed diagnosis? Exam 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?
If so, specify J. Newton Walkman, M.D.
(Signed) Springfield, Mo.
(Address) 200

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)