

REC'D JUN 22 1938

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

18919  
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 583  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4345 Registered No. \_\_\_\_\_  
 (c) City STOUTSVILLE (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 1 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ROBERT FRANK BOYD 300  
 (a) Residence, No. Stoutsville, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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) Nov. 28 - 1864  
 7. AGE YEARS 73 MONTHS 6 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 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) Feb. 1934  
 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

FATHER 13. NAME William Boyd

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

MOTHER 15. MAIDEN NAME Jane Stogdale

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pemb.

17. INFORMANT (ADDRESS) Mrs. Mary Boyd  
Stoutsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Antioch Church DATE June 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Speed & Blakey  
Paris, Mo.

20. FILED June 2, 1938 R. P. Thompson  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1938

22. I HEREBY CERTIFY That I attended deceased from June 1, 1938 to June 2, 1938  
 I last saw him alive on June 1, 1938 Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:  
Chronic industrial nephritis Date of onset Don't know

Other contributory causes of importance: \_\_\_\_\_

Name of operation 77 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) M. C. McMurry M. D.  
Paris, Mo  
 515 (Address)

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

Robert J. Frank Board

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STATEMENT BY LICENSED EMBALMER

I, W. S. Blakey Licensed Embalmer No. 2614

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed W. S. Blakey  
Licensed Embalmer No. 2614

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.)

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