

RECD APR 11 1936

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

12146
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois 1 Registration District No. 775
 (b) Township Marion Primary Registration District No. 6022
 (c) City St. Francois (a) Street No. _____ 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. mos. da (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alvin Eugene Boyd
 (a) Residence, No. R. 1 (Bonnie) Terre 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>5</u>	<u>7</u>	<u>8</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) (STATE OR COUNTRY) R. 1 (Bonnie) Terre Missouri

FATHER

13. NAME Alvin Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. 1 (Bonnie) Terre Missouri

MOTHER

15. MAIDEN NAME Gorane Pinkston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. 1 (Bonnie) Terre Missouri

17. INFORMANT (ADDRESS) Alvin Boyd
Bonnie Terre Mo R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Maum Chapel DATE March 27, 1934

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barham and Co
Bonnie Terre Mo

20. FILED Mar. 27, 1934 N. W. Hawkins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1939, to 3-21, 1939.
 I last saw him alive on 3-21, 1939. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Pericardial distention
myocarditis

Date of onset 3-17-39

Other contributory causes of importance: _____

Name of operation _____ 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) Harold C. Karle, M. D.
 Address Deer Lodge 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.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, A. J. Claywell, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed A. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre, Mo.

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

If this body is not embalmed, above space should be left blank.