

LESD MAY 10 1939

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

13662
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Daw Primary Registration District No. 1002
(c) City Jackson City (d) Street No. 4506 Wabash Registered No. 1416
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Ida L. Boyd
(a) Residence, No. 4506 Wabash (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Boyd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1860
7. AGE YEARS 78 MONTHS 3 DAYS 6 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at Home
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) Bureau Co. Ill.
13. NAME Marshall Carpenter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (NAME) (ADDRESS) Walter C. Boyd
4506 Wabash
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 4, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. McCombs Inc
Brushcreek + Paso
Apr 3, 1939 M. M. Burns
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1939, to 4-2, 1939
I last saw her alive on 4-2, 1939 Death is said to have occurred on the date stated above, at 940 P. M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 3-14-39
arteriosclerosis
Other contributory causes of importance:
Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) L. G. Potter, M. D.
(Address) 724 Proj. Bldg.

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.

9-11-73
1030-1
2-430

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,

....., or by

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

Signed *W. C. Newcomer Jr.*

Licensed Embalmer No. 4093

P. O. Address

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.