REC'D JUN 21 193

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

19342
Do not use this space.

1. PLACE OF DEATH
(a) County Newton
(b) Township E. Benton
(c) City Stella
(d) Street No. ..... 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.

Registration District No. 6206
Primary Registration District No. 6264
Registered No. 14

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Dewey Edison J. P. Boyd
(a) Residence, No. ..... St.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26-38

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	14	

OCCUPATION
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.
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) Mo. Mo.

FATHER
13. NAME Geo. Dewey Boyd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Mo.

MOTHER
15. MAIDEN NAME Gladys Moller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT George Boyd
(ADDRESS) Stella Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel Green DATE 4-11 1939

19. FUNERAL DIRECTOR (NAME) Pogue & Son
(ADDRESS) Wheaton Mo.

20. FILED 6-11 1939 Ada Collings
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1939, to 4-10, 1939
I last saw him alive on 4-5, 1939. Death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 4/1/39
DTW

Other contributory causes of importance:
None

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? .....
If so, specify .....
(Signed) [illegible] M. D.
(Address) Stella 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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-6-39-7219
Date Filed JUN 8 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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