

REC JUN 6 1940  
Registration District No. 286

Primary Registration District No. 3030

Registrar's No. 79

1. PLACE OF DEATH:  
 (a) County Mississippi  
 (b) City or town Charleston, MO.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community All of life. (Specify whether)  
 years, months or days

3. (a) PRINT FULL NAME MABEL ORA BOYD. 300  
 3. (b) If veteran, name war XX  
 3. (c) Social Security No. XX

4. Sex Female  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XX  
 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased December 12 1909  
 (Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 19  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Charleston Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Ralph A. Boyd.  
 FATHER { 13. Birthplace St. Geneveive Co. Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bertina Hicks.  
 MOTHER { 15. Birthplace Golconda Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ralph A. Boyd  
 (b) Address Charleston, Missouri.

17. (a) Burial (b) Date thereof 6/2/1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery.

18. (a) Signature of funeral director Paul H. ...  
 (b) Address Charleston, Mo.

19. (a) 6-3-40 (b) F. J. ...  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Mississippi  
 (c) City or town Charleston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. East Marshall Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st  
 year 1940 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from Inquest, 19\_\_\_\_ to Inquest, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Suicide killed herself with pistol

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 167  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Inquest

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence June 1st 1940  
 (c) Where did injury occur? Charleston Mo Miss  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at Neighbors Home

While at work? no (Specify type of place) (e) Means of injury knife shot

23. Signature Frank ...  
 Address Charleston Mo Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

67  
3  
4

RECEIVED

District Health Officer No. 2,

District File Number 640-1103

Date Filed 6/5/40

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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

*John P. Murrell Jr*

Licensed Embalmer No. 3851

P. O. Address Charleston 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.