

S. No. 2
4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 19 1943

Registration District No. 3.8

Primary Registration District No. 3.0.0.6-5.1.2.0

Registrar's No. 1

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

0
2
4

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 301 Christian College Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME TIMOTHY CLIFFORD BOYD
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 2
year 1943 hour 4:45 minute A. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Alice
(c) Age of husband or wife if alive 2 years

21. I hereby certify that I attended the deceased from Dec-5-1942 to Jan-2-1943
that I last saw him alive on Jan-1-1943
and that death occurred on the date and hour stated above.

7. Birth date of deceased 7 - 2 - 1882
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Pancreas

8. AGE: Years 60 Months 6 Days 0
If less than one day hr. min.

Due to 468
Due to 468
Other conditions (Include pregnancy within 3 months of death) ✓

9. Birthplace Monsratt Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Coal Operator
11. Industry or business
12. Name Thomas H. Boyd
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Clifford
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy none
PHYSICIAN H. G. J.
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hugh Sheets
(b) Address 301 Christian College Ave.
17. (a) Removal (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Knobnoster, Mo.
18. (a) Signature of funeral director Parke F. Service
(b) Address Columbia, Mo.
19. (a) 1-4-1943 (b) Edna H. Parke
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence 1-4-43
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury ✓
23. Signature J. C. Seeger (M. D. or other) MD
Address Columbia Date signed 1-4-43

JAN 21 1943

JAN 19 1943

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

.....
Licensed Embalmer No.

.....
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, fact should be so stated above.