FILED APR 23 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Oklahoma

State File No. 14979 Stacy

Registrar's No.

1 PLACE OF DEATH:
(a) County Newton Co Mo
(b) City or town Stella (If outside city or town limits, write RURAL)
(c) Name of hospital or institution Cordwell Hospital (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla (b) County Ottawa
(c) City or town Fairland Rural (If outside city or town limits, write RURAL)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes or No No
If yes, name country yes

3(a) FULL NAME Ruth Boyd
3 (b) If veteran, name war
3 (c) Social Security No.
4. Sex Female
5. Color or race White
6(a) Single, widowed, married, divorced married
6 (b) Name of husband or wife Clinton Boyd
6(c) Age of husband or wife, if alive years.
7. Birth date of deceased May 19 (Month) 1916 (Day) (Year)

8. AGE: Years 26 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Iowa (City, town, or country) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name J. E. Baker
13. Birthplace Ill (City, town, or country) (State or foreign country)
14. Maiden name Maude Anson
15. Birthplace Iowa (City, town, or country) (State or foreign country)
16. (a) Informant's own signature Clinton Boyd
(b) Address Fairland
17 (a) Fairland (Burial, cremation, or removal) (b) Date thereof 3-26-43 (Month) (Day) (Year)
(c) Place; burial or cremation Burial
Was body embalmed? Yes No
Signature of embalmer V. D. Cooper
18. (a) Signature of funeral director J. S. Campbell
(b) Address Fairland Okla
19 (a) 6-43 (Date received local registrar) Mrs. Opal May (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 3-24 day 1943 year 1943 hour 1 minute 15
21. I hereby certify that I attended the deceased from 3-20 1943, to 3-23, 1943; that I last saw her alive on 3-23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death clot formed in mesentery from
Due to abdominal
Due to operation
Other conditions adhesions around large bowel (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. S. L. Stacy (M.D. or other)
Address Fairland, Okla Date signed 4/5/43

1317

V. S. No. 2B
0M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. M.C.

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cardwell Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether years, months or days)
In this community 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla. (b) County Ottawa
(c) City or town Fairland
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth Boyd
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Clinton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 19 (Day) 19 (Year)

8. AGE: Years 26 Months 10 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name J. E. Baker
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Maude Austin
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Clinton Boyd
(b) Address Fairland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairland
18. (a) Signature of funeral director J. S. Campbell
(b) Address Fairland, Okla.
19. (a) 5-1-1943 (Date received local registrar) (b) Alpha R. Hale (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-14979