

FILED NOV 13 1944
Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~in hospital~~ 8 days
(Specify whether
In this community... Life
years, months or days)

3. (a) PRINT FULL NAME Annie Bell 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 Single

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

7. Birth date of deceased Oct 25 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 6 hr. min.

9. Birthplace Ralls County Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own Home

12. Name John W. Boyd

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Simmons

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Boyd
(b) Address Center Mo

17. (a) Burial (b) Date thereof Sept 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Cemetery Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Center Mo

19. (a) 9-11-44 (b) R.W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls 87
(c) City or town Center, Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1944 hour 9 minute 40a M.

21. I hereby certify that I attended the deceased from Aug 25, 1944, to Aug 31, 1944,
that I last saw her alive on Aug 31, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death General abdominal carcinoma ?
Due to _____

Other conditions 55
(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 [Signature] (M. D. or other) _____
Address Center Mo Date signed _____

10/1/44

Sept 11-44

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

3
4

