

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

Do not use this space.

32528

1. PLACE OF DEATH

County Nevada
Township Beatty
City Nevada

Registration District No. 875
Primary Registration District No. 3039

File No. 205
Registered No. 205
St. Nevada Ward 4

2. FULL NAME

(a) Residence. No. 106 W. Persfeld St. 4 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. — mos. — ds. — How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 27 April 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 5 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Our Home

9. BIRTHPLACE (CITY OR TOWN) Bloomington
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Jessie Harding

11. BIRTHPLACE OF FATHER (CITY OR TOWN) DIC
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER DIC

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DIC
(STATE OR COUNTRY)

14. INFORMANT Emmett Boyd
(Address) Nevada

15. FILED 11/8/27 B. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1927

17. I HEREBY CERTIFY That I attended deceased from Oct 3 1927 to Oct 4 1927 and that I last saw her alive on Oct 4 1927 and that death occurred, on the date stated above, at 5-00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage

7401 (duration) yrs. mos. ds. 1

CONTRIBUTORY (SECONDARY) Don't know

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. at home

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam

(Signed) J. P. Fox, M. D.

, 19 (Address) Nevada, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Newton Cornet Oct 6 - 1927

20. UNDERTAKER

ADDRESS

Terry Tunnel Home Nevada
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.

