

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.

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

Do not use this space.

36786

1. PLACE OF DEATH

County AudrainRegistration District No. 24Township SalweenPrimary Registration District No. 3022City Mexico, Mo.(No. 1)Audrain Hospital

File No. _____

Registered No. 139

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Ladonia, Mo. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Boyd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 8, 1877</u>		
7. AGE <u>54</u>	YEARS <u>54</u>	MONTHS <u>1</u>
DAYS <u>19</u>		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) <u>11-16-31</u>
11. Total time (years) spent in this occupation <u>5</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Vandalia, Mo.</u>
	<u>Audrain Co.</u>

13. NAME	<u>A. H. Boyd</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Hancock Co.</u>
	<u>Illinois</u>

15. MAIDEN NAME	<u>Mattie E. Mandy</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Virginia</u>
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17. INFORMANT (ADDRESS)	<u>Wm Boyd</u>
	<u>Ladonia, Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL	<u>See back, Perry</u>
PLACE	DATE <u>Nov. 29, 1931</u>

19. UNDERTAKER (ADDRESS)	<u>Harry Brainerd</u>
	<u>Mexico, Mo.</u>

20. FILED	<u>Nov 28th 1931</u>
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	<u>Irma S. Milligan</u>
	Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27-193122. I HEREBY CERTIFY, That I attended deceased from 11-17-1931, to 11-27-1931I last saw him alive on 11-27-1931 Death is saidto have occurred on the date stated above, at 11:54 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumoniaDate of onset 11-24-31123B103A103B103C103D103E103F103G103H103I103J103K103L103M103N103O103P103Q103R103S103T103U103V103W103X103Y103Z

