

MAY 21 1936

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

Do not use this space.

14946

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Tobo Primary Registration District No. 5787
City (No. St. Ward)

File No.

Registered No. 112. FULL NAME James Allen Boyd

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 2 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Huntsville
(STATE OR COUNTRY) Alabama

13. NAME James A. Boyd

14. BIRTHPLACE (CITY OR TOWN) Alabama
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Dean Forsey

16. BIRTHPLACE (CITY OR TOWN) Alabama
(STATE OR COUNTRY)

17. INFORMANT John W. Boyd
(ADDRESS) Calhoun, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE April 11th, 36

19. UNDERTAKER Huston-Turner
(ADDRESS) Windsor, Missouri

20. FILED 4-10, 19 36 Mo. A. G. Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1936, to Apr 8, 1936

I last saw him alive on Mar 25, 1936. Death is said to have occurred on the date stated above, at 8:40 P. M.

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

Cerebral Thrombosis

Date of onset
2-10-36

82 B

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. A. Blackmore, M. D.
(Address) Windsor, 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.

