

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

PLACE OF DEATH

County Buchanan

Township _____

or

Village _____

or

City St Joseph

Registration District No. 85

File No. 30735

Primary Registration District No. 001

Registered No. 745

(NO. 6414 Sherman St. 10 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Alpha R. Boyd, Ella

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED OR DIVORCED married
(Write the word)

DATE OF DEATH Sept 18, 1911
(Month) (Day) (Year)

DATE OF BIRTH May 5, 1876
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June, 1911, to Sept 18, 1911, that I last saw her alive on Aug 20, 1911, and that death occurred, on the date stated above, at 8 9 m.

AGE 35 36 yrs. 4 mos. 8 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____

carcinoma of breast
50
43
(Duration) Unknown yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) Forbes, Missouri

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER Edward Carter

(Signed) J. W. D. Boone M. D.
Sept 18, 1911. (Address) 101 W. 2nd Ave

BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know

MAIDEN NAME OF MOTHER Perlina Ray

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) John R. Boyd

Where was disease contracted if not at place of death? _____

(ADDRESS) 6414 Sherman

Former or usual residence _____

Filed Sept 14, 1911 W. H. Stelling REGISTRAR

PLACE OF BURIAL OR REMOVAL Forbes Mo. DATE OF BURIAL Sept 15, 1911

UNDERTAKER Rock & Clark ADDRESS 5025 King Hill

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.

can sign
H. H. Boyd

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause, *unqualified Lobar pneumonia* (diseases resulting from childbirth); *Croup*, "Puerperal septicaemia," "Puerperal meningitis"; State cause for which surgical operation was taken. For VIOLENT DEATHS state the cause, if it qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



The Division of Health of Missouri

State of Missouri ss.

BUREAU OF VITAL STATISTICS

State File No.

County of Buchanan

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 745

On this 12 day of January, 1956, before me appears Mrs. Edna Amos who, upon her oath, states that the original record of ~~birth~~ death for Alpha R. Boyd died ~~born~~ September 13, 1911, in the State of Missouri, and which was filed at St. Joseph on Sept. 14, 1911, should be corrected as follows:

Item No. should read

Instead of Full name Item No. should read Edna R. Boyd

Instead of Alpha R. Boyd Item No. should read

Instead of Date of Birth Item No. should read May 5, 1876

Instead of Age Item No. should read 35 years - 4 months - 8 days

Instead of Maiden Name of Mother Item No. should read Perlina Ray

Instead of Birthplace Item No. should read Paylona Ray

Instead of Horbes, Missouri Item No. should read Missouri

Instead of Missouri Item No. should read

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edna Amos Daughter Relationship.

6411 Grant St. St. Joseph Mo Present Address.

Subscribed and sworn to before me this 12 day of January, 1956.

My Commission expires Nov. 3, 1956 Larry P. Belmont Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

30736