

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

Do not use this space.

35494

1. PLACE OF DEATH

County Henry
Township Hartsville
City Depwater (No. _____)

Registration District No. 357
Primary Registration District No. 5492

File No. _____
Registered No. 20
St. _____ Ward _____

2. FULL NAME

Holmes T Boyd
(a) Residence, No. Depwater mo. Ward. R.F.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 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>Eliya J. Boyd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec - 16 - 1894</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>91 1/2</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Clyde Ohio

13. NAME
Wm Boyd

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

15. MAIDEN NAME
Charlotte Hartman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

17. INFORMANT (ADDRESS)
Eliya J. Boyd Depwater mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Necronery DATE 11-7-32

19. UNDERTAKER (ADDRESS)
Fred W. McKesson Clinton mo.

20. FILED 11-6-1932 J. J. Quirely Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6-1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Nov 6, 1932.
I last saw him alive on Nov 1, 1932. Death is said to have occurred on the date stated above, at 8.6 a.m.

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

uremia
137
150B
122B
1514
Other contributory causes of importance:
Chrom cystitis
& embolus possible
Date of onset June 1932

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? _____

If so, specify _____

(Signed) H. Swales, M. D.

(Address) Clinton mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V.S. No. 2.

