

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.

39545

**JAN 25 1934**  
526

**PLACE OF DEATH**

County Male  
Township  
City Jefferson City, Mo. (No. \_\_\_\_\_)

Registration District No. 213  
Primary Registration District No. 3014

File No. 281  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Emmal Boyd

(a) Residence, No. 611 Lafayette St., \_\_\_\_\_ Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 65 yrs. 65 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1838-4-3

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>95</u>	<u>9</u>	<u>14</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway co.

FATHER 13. NAME My Holt

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway co.

MOTHER 15. MAIDEN NAME Dr. I know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway

17. INFORMANT Miss John Moore (ADDRESS) 611 Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New City Center DATE Dec. 19 1933

19. UNDERTAKER J. D. Hardman (ADDRESS) J. D. Hardman

20. FILED 12/30/33 1933 Dr. Bedford Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1933 to Dec 17, 1933  
I last saw her alive on Dec 14, 1933. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

Cerebral Hemorrhage  
82A  
162  
82A  
162  
Other contributory causes of importance: hypertension for 15 yrs

Date of onset Dec 14

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 \_\_\_\_\_, 1933

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) Jess A. Will, M. D.  
(Address) Jefferson City Mo

