SEP 2 5 1935

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

Do not use this space.

28307

File No.

Registered No. 292

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248 B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME BOYD, Braxie C.

(a) Residence, No. 1908 N. 47th Street St., Ward. East St. Louis, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	37	3	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern

10. Date deceased last worked at this occupation (month and year) January 1935 — 11. Total time (years) spent in this occupation 8 mos.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia, Missouri ~~Missouri~~

FATHER

13. NAME John Milton Boyd

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

MOTHER

15. MAIDEN NAME Nettie Bush

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

17. INFORMANT (ADDRESS) W. C. Gibson, M. D. Vet. Adm. Facility, Jeff. Brks., Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Carmel - E St Louis Ill DATE Aug 22 1935

19. UNDERTAKER (ADDRESS) Chas. Burke 3300 Bertrand - E St Louis Ill

20. FILED Aug 20 1935 L Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1935, 19..., to August 20, 1935, 19...

I last saw him alive on August 20, 1935, 19... Death is said to have occurred on the date stated above, at 2:10 P.

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

	Date of onset
Diabetes melitus, with coma, and	1927
(Coma 2 hours) Acidosis	

Other contributory causes of importance: None

Name of operation Dilatation of rectum Date of 8-19-35

What test confirmed diagnosis? Physical exam, clinical manifestations, x-ray and lab. findings. 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?

If so, specify

(Signed) W. C. Gibson M.D. Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Brks., Mo