

FEB 20 1936

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

Do not use this space. ✓

1374

1. PLACE OF DEATH

County Jackson
Township Jeff
City K.C. 10. (No. 527 Lydia Ave)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 227
St. _____ Ward _____

2. FULL NAME Edward J. Boyd

(a) Residence, No. 527 Lydia St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-30-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer

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) Baron Co KV

FATHER 13. NAME Rafe Boyd

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

MOTHER 15. MAIDEN NAME Miriam Whitney

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

17. INFORMANT Mrs Eva Boyd (ADDRESS) 527 Lydia

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. Atchison Kansas DATE 1-17-1936

19. UNDERTAKER H. B. Moore (ADDRESS) 1820 E. 14th St

20. FILED Jan 15 1936 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Jan 10 1936
I last saw him alive on Dec 31 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Myocardial Regurgitation
acute parenchymatous nephritis

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (accident, suicide, or homicide) will in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19
Where did injury occur? _____ (Specify city, 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) E. J. Brown M. D.

(Address) 1705 E 12th St

8

1911

The following is a list of the names of the persons who have been
 named in the various reports of the Board of Directors of the
 National Bank of Commerce, from the year 1900 to the present
 time. The names are arranged in alphabetical order, and are
 given in full, with the date of their appointment, and the
 date of their resignation, if any. The names of the persons
 who have been named in the reports of the Board of Directors
 of the National Bank of Commerce, from the year 1900 to the
 present time, are as follows:

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Spousa City Mo
City Spousa City Mo

Registration District No. 399
Primary Registration District No. 11002

File No. _____
Registered No. 227
St. _____ Ward) _____

2. FULL NAME

Edward J. Boyd
(a) Residence, No. 527 Lytle St., _____ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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 M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 4 10

OCCUPATION 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 7-15 1936 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Myocardial Regurgitation
Date of onset _____

Other contributory causes of importance:

Acute Parenchymatous Nephritis
I could not get a biopsy
as to cause

Name of operation _____ Date of _____

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

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

Where did injury occur? _____ (Specify city, town, county, and State)

Specify whether injury occurred in industry, 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) J. W. Brown, M. D.

(Address) 1705 E. 12th

5-1374