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.

AUG - 5 1937

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

Do not use this space.

25270

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS Mo (No. ST. ANN'S HOSPITAL St. ..... Ward)

File No. 6444

Registered No. .....

2. FULL NAME Baby Boyd

(a) Residence, No. ~~5301 Page Blvd~~ St., NR Ward. PORTAGESVILLE Mo
(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: FEMALE

4. COLOR OR RACE: WHITE

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY - 3 - 1937

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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) ST. LOUIS MO.

FATHER

13. NAME ——

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

MOTHER

15. MAIDEN NAME CHRISTINE BOYD

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

17. INFORMANT (ADDRESS) SISTER ZOE 5301 PAGE BLVD

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY CEMETARY DATE JULY 3 1937

19. UNDERTAKER (ADDRESS) CHARLES HATCHER 5301 PAGE BLVD

20. FILED JUL 3 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 3 1937

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 12:50 A.M.

Still born

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

Date of onset

Intra uterine Asphyxiation

Other contributory causes of importance:

Pre maturity

Syphilis

Name of operation none Date of .....

What test confirmed diagnosis? Routine 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 ....., 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? no

If so, specify .....

(Signed) John B. O'Neill M. D.

(Address) 319 Kinsi Clark Bldg