

SEP 27 1937

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

Do not use this space.

31995

1. PLACE OF DEATH

County Stoddard
Township Liberty
City Berlin mo (No. _____ St. _____ Ward)

Registration District No. 836
Primary Registration District No. 6.098A.

File No. 37
Registered No. 37

2. FULL NAME

James Boyd
(a) Residence, No. _____ St. _____ Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1910</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>10</u>	DAYS <u>10</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>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	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)
Berlin mo

13. NAME P. C. Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Warren county Ark.

15. MAIDEN NAME Ore Lee Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Phillips Co Ark

17. INFORMANT Willie Cain
(ADDRESS) Berlin mo

18. BURIAL, CREMATION, OR REMOVAL
PLAC Putman DATE 8/11 1937

19. UNDERTAKER at home
(ADDRESS)

20. FILED 8/11 1937 D. Florence Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-9- 1937 to 8-10- 1937
I last saw him alive on 8-9- 1937 Death is said to have occurred on the date stated above, at 3.0 p.m.
The principal cause of death and related causes of importance were as follows:

Politis
11/12
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 (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 fall
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dawson, Ryan, M. D.
(Address) Berlin mo.

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.

Handwritten text, possibly a signature or name, located at the top of the page.

Handwritten text, possibly a signature or name, located in the middle of the page.

Handwritten text, possibly a signature or name, located in the middle of the page.

Handwritten text, possibly a signature or name, located in the lower middle of the page.

Handwritten text, possibly a signature or name, located in the lower middle of the page.

Handwritten text, possibly a signature or name, located in the lower middle of the page.

Handwritten text, possibly a signature or name, located in the lower middle of the page.

Handwritten text, possibly a signature or name, located in the lower middle of the page.

Handwritten text, possibly a signature or name, located in the lower middle of the page.