

NOV 23 1937

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

Do not use this space.

428840

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City Jefferson Barracks, (No. Veterans Facility) St. _____ Ward _____

File No. _____

Registered No. 4252. FULL NAME Thomas BOYD

(a) Residence, No. Warwick Hotel St. _____ Ward. Saint Louis, Missouri
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to October 24, 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1870I last saw him alive on October 24, 1937. Death is said to have occurred on the date stated above, at 6:25Am.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 3 23

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

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

Arteriosclerosis, generalized, characterized by myocardial degeneration, cardiac hypertrophy and mental deterioration. Unkn.

Other contributory causes of importance: Bronchial Pneumonia, right

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, (STATE OR COUNTRY) Missouri13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Not known, (STATE OR COUNTRY) Not known15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Not known, (STATE OR COUNTRY) Not known17. INFORMANT Clinical Clerk M. Schillig, (ADDRESS) VAF Jefferson Barracks, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Oct. 27, 193719. UNDERTAKER C. Hoffmeister W. & L. Co., (ADDRESS) 7814 S. Broadway20. FILED Oct. 26, 1937 J. Mowrey Registrar.

Name of operation None Date of Phy. Clinical exam. and laboratory
What test confirmed diagnosis? NO 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) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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