CE NOV 18 1938

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

35887
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson | Registration District No. 398
(b) Township | Primary Registration District No. 3019 | Registered No. 273
(c) City Independence (d) Street No. 816 So. Delaware St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 Mrs. Virginia Ann Boyd
(a) Residence, No. 816 So. Delaware St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF Dr. Almontie M. Boyd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1866
7. AGE YEARS 72 MONTHS 2 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Kentucky

FATHER
13. NAME B. Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Tennessee

MOTHER
15. MAIDEN NAME Sarah J. Turnbow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Kentucky

17. INFORMANT (ADDRESS) Mrs. Etta Mae Jones 126 W. So. ave. Independence, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mound Grove DATE 10-11-1938
19. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence Mo.
20. FILED 10-12, 1938 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938, to Oct 8, 1938
I last saw her alive on Oct 8 1938. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	Several years
Coronary Thrombosis	Oct 2 1938

Other contributory causes of importance: Diabetes Mellitus

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 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) John J. Green M. D.
(Address) Independence Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)