AUG 9 1939

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

24986
Do not use this space.

1. PLACE OF DEATH
(a) County: Boone
(b) Township or City: Columbia
(c) City: Columbia
Registration District No. 73
Primary Registration District No. 3006
Registered No. 145
(d) Street No. ..... 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: ALICE MAE BOYD
(a) Residence, No. 301 E. Ash Ave., Columbia Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Timothy C. Boyd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28, 1886
7. AGE: Years 53 | Months 4 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as 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): La Monte Missouri

FATHER
13. NAME: Silas Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pettis Co. Missouri

MOTHER
15. MAIDEN NAME: Martha Mayes Sandridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Monte Missouri

17. INFORMANT (ADDRESS): Mrs. Kathryn Shutt Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Knobnoster, Mo. DATE: July 11, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Baker Columbia, Mo.
20. FILED: 7/11/1939 Allie Selby, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-9-1939
22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to 7-9-1939, 1939; that I last saw her alive on 7-9-1939. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of body of uterus with metastasis	1938
Hemiplegia - Recurrent secondary to cerebral hemorrhage	1939

Other contributory causes of importance:

Name of operation: Hysterectomy Date of: July 1938
What test confirmed diagnosis? Biopsy 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? No
If so, specify
(Signed) James M. Baker, M. D.
(Address) Columbia 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Chas. Baring, Registered Apprentice No. 161

working under my personal supervision.

Signed W. H. Vandeventer

Licensed Embalmer No. 2494

P. O. Address Columbia M

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

If this body is not embalmed, above space should be left blank.