

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16832**
Registrar's No. **4310**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County L
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County NR
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 422 E. Hickory St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME James Everett Boyd 300

3. (b) If veteran, name war _____ 8. (c) Social Security No. 702-18-6684

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 13, 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 1 If less than one day hr. _____ min. 0

9. Birthplace Nevada, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Locomotive, Mo. Pac. R. R.

MOTHER FATHER { 12. Name William French
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Anna Harding
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Boyd
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 5/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nevada, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Clayton Rd. at Concordia Lane

19. MAY 15 1940 (b) [Signature]
(Date of registration) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1940 hour 5 minute 20 p. M.

21. I hereby certify that I attended the deceased from Mar 11 1940 to May 14 1940
that I last saw him alive on May 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Hypertensive Cardiovascular syro
dehner

Due to uremia and
chronic nephritis

Other conditions (Include pregnancy within 3 months of death) 3 mos
Major findings: Chronic nephritis
Operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Missouri Pacific Hosp Date signed 5/14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 1994
P. O. Address St. Louis, Mo.

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

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