FILED JAN 25 1941

FILED JAN 25 1941

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

4163
Do not use this space.

1. PLACE OF DEATH
(a) County St Genevieve — Registration District No. 783
(b) Township Saline — Primary Registration District No. 6029 — Registered No.
(c) City Farmington Mo. — (d) Street No. 1 St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.
R.F.D. #3

2. PRINT FULL NAME Raymond Nicholas Boyd
(a) Residence, No. Farmington Mo. Rural 0 (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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single 0

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3 '40

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	4	1	

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.
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) Farmington MoR, F.D.#3

FATHER
13. NAME ~~Ralph Nicholas Boyd~~
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avon MO. 0

MOTHER
15. MAIDEN NAME Estella Bloom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffman Mo.

17. INFORMANT C.A.Boyd
(ADDRESS) Farmington Missouri rt 3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Avon Missouri DATE 1/6/41 19
Cozean Funeral Home

19. FUNERAL DIRECTOR (NAME)
(ADDRESS) Farmington, Missouri

20. FILED 1/10 1941 Mrs. A. V. Boyd
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/4 1941

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1941, to 1-1 1941
I last saw him alive on 1-3 1941. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-31-41

Other contributory causes of importance: Prematurity; malnutrition; debilitation

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) R. Roland Crouch, M.D.
(Address) Farmington Mo.

Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X14028

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.....

P. O. Address.....

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.