

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:  
 (a) County GREENE  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 877 1/2 Washington  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Bonnie Beatrice Boyd  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased August 5 1905  
(Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business Boyd

MOTHER FATHER  
 12. Name Estach Boyd  
 13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lang Bonner  
 15. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Davis  
 (b) Address Ardmore Oklahoma

17. (a) Burial (b) Date thereof Apr 24 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Memorial Em.

18. (a) Signature of funeral director W. P. Campbell

(b) Address 867 Washington

19. (a) 4-24-42 (b) W. H. Haidley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene 39  
 (c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 877 1/2 Washington 6  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21<sup>st</sup>  
 year 1942 hour 6:00 minute 30 P M.

21. I hereby certify that I attended the deceased from July 4<sup>th</sup> to Apr 21, 1942  
 that I last saw her alive on Apr 21, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Toxicemia  
Carcinoma of left Breast with  
Metastases 9 months  
 Due to \_\_\_\_\_ 9 months

Due to Transverse Myelitis with  
Paralysis of lower extremities. 6 months

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations N 50  
 Of autopsy \_\_\_\_\_

Duration  
 9 months  
 6 months  
 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 W. H. Haidley (M. D. or other) \_\_\_\_\_  
 Address Springfield, Mo. Date signed 4-23-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9  
2  
6

**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.....

*W. R. Campbell*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W. R. Campbell*

Licensed Embalmer No.....

*1747*

P. O. Address.....

*Springfield*

**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, fact should be so stated above.**

*h*