

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.

Marysville  
JAN 26 1937

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

Do not use this space.

45997

## 1. PLACE OF DEATH

County St. Francois  
Township Marion  
City East of Bonne Terre No. \_\_\_\_\_

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1220

File No. \_\_\_\_\_  
Registered No. 84  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Barbara Ellen Boyd  
(a) Residence, No. Bonne Terre Mo. R-1 St. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dave Boyd6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 18407. AGE YEARS MONTHS Days IF LESS than 1 day, hrs. or min.  
96 7 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, 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) Jefferson County Missouri13. NAME Henry Bailey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Barbara Baiber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Missouri17. INFORMANT (ADDRESS) Arthur Boyd  
Bonne Terre Mo R-118. BURIAL, CREMATION, OR REMOVAL PLACE Mary Chapel DATE 12-28 193619. UNDERTAKER (ADDRESS) Bertram Hud Co  
Bonne Terre Mo20. FILED Dec. 28 1936 H. W. Hawthorn  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 193622. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936, to Nov 27, 1936I last saw her alive on Nov 27, 1936 Death is said to have occurred on the date stated above, at 9 A.

The principal cause of death and related causes of importance were as follows:

Infirmities of age  
general collapse of  
vital functions

Date of onset

Other contributory causes of importance:

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) H. W. Hawthorn M. D.  
(Address) Bonne Terre

