

## CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS  
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 519  
REG. DIST. NO.

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY  
USE INK

1. FULL NAME THOMAS M. BOYD 2. DATE OF DEATH January 26, 1943  
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:  
A) COUNTY Shelby CIVIL DISTRICT \_\_\_\_\_  
B) CITY OR TOWN Memphis  
(IF OUTSIDE CITY LIMITS, WRITE RURAL)  
C) NAME OF HOSPITAL Baptist Hospital  
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)  
D) LENGTH OF STAY: IN HOSPITAL \_\_\_\_\_ IN COMMUNITY \_\_\_\_\_

5. RACE OR COLOR White 6. SEX Male 7. SINGLE, MARRIED, WIDOWED, DIVORCED Married

8. AGE 70 YEARS MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS THAN ONE DAY HRS. \_\_\_\_\_ MINS. \_\_\_\_\_

9. DATE OF BIRTH: MONTH May DAY \_\_\_\_\_ YEAR 1872

10. PLACE OF BIRTH: CITY OR COUNTY \_\_\_\_\_ STATE OR COUNTRY Tenn.

11. HUSBAND OR WIFE OF Mrs. Byrd Boyd  
AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

12. IF VETERAN SOCIAL SECURITY NUMBER  
NAME OF WAR \_\_\_\_\_

13. USUAL OCCUPATION Minister

14. INDUSTRY OR BUSINESS \_\_\_\_\_

15. FULL NAME Boyd  
BIRTHPLACE CITY OR COUNTY \_\_\_\_\_ STATE OR COUNTRY Unknown

16. MAIDEN NAME Unknown  
BIRTHPLACE CITY OR COUNTY \_\_\_\_\_ STATE OR COUNTRY Unknown

17. INFORMANT Mrs. Boyd  
ADDRESS 2241 Evelyn

18. BURIAL, REMOVAL OR CREMATION Removal DATE Jan. 28, 1943  
CEMETERY Hollow Rock PLACE Tenn.

19. UNDERTAKER Spencer-Sturla  
ADDRESS 1745 Union BY EPL

DATE FILED Feb. 15, 1943

REGISTRAR

4. LEGAL RESIDENCE: A) STATE Tenn. CIVIL DISTRICT \_\_\_\_\_  
B) COUNTY Shelby  
C) CITY OR TOWN Memphis  
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
D) STREET NO. 2241 Evelyn  
E) CITIZEN OF FOREIGN COUNTRY \_\_\_\_\_ (YES OR NO)  
IF YES, NAME COUNTRY \_\_\_\_\_

## MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Several Years 19 \_\_\_\_\_ TO \_\_\_\_\_ 19 \_\_\_\_\_  
AND THAT I LAST SAW HIM ALIVE ON January 24, 1943  
AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_ M.

IMMEDIATE CAUSE OF DEATH: Mitral Insufficiency

DUE TO: Dont Know

OTHER CONDITIONS \_\_\_\_\_  
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATION? FINDINGS \_\_\_\_\_

AUTOPSY? FINDINGS \_\_\_\_\_

21. 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 COUNTY STATE

D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? \_\_\_\_\_

WHILE AT WORK \_\_\_\_\_ MEANS OF INJURY \_\_\_\_\_

SIGNATURE L. R. Polk M.D.

ADDRESS 993 Cooper DATE SIGNED 2-22-43

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

# CERTIFICATE OF DEATH - 3717

DEPT. OF PUBLIC HEALTH - STATE OF TENNESSEE - DIV. OF VITAL STATISTICS  
 COOPERATING WITH DEPT. OF COMMERCE - BUREAU OF THE CENSUS

REG. NO. 514  
 REG. DIST. NO. 801

1. FULL NAME Thomas M. Boyd 2. DATE OF DEATH 1-26-43

3. PLACE OF DEATH  
 a) COUNTY Shelby CIVIL DISTRICT  
 b) CITY OR TOWN Memphis  
 c) NAME OF HOSPITAL Capitol  
 d) LENGTH OF STAY IN HOSPITAL \_\_\_\_\_ IN COMMUNITY \_\_\_\_\_

4. LEGAL RESIDENCE  
 a) STATE Tennessee  
 b) COUNTY Shelby CIVIL DISTRICT  
 c) CITY OR TOWN Memphis  
 d) STREET NO. 2241 Parkway  
 e) CITIZEN OF FOREIGN COUNTRY \_\_\_\_\_ (YES OR NO)  
 IF YES NAME COUNTRY \_\_\_\_\_

6. AGE 70 YEARS MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_  
 7. SEX Male 8. MARRIAGE STATUS Married  
 9. DATE OF BIRTH May 1872

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Several years TO \_\_\_\_\_  
 AND THAT I LAST SAW HIM/LIVE ON April 24 1943  
 AND THAT DEATH OCCURRED ON THE DATE STATED AT \_\_\_\_\_  
 IMMEDIATE CAUSE OF DEATH Mitral Insufficiency

10. PLACE OF BIRTH Memphis  
 11. HUSBAND OR WIFE Mrs Boyd Boyd  
 12. IF VETERAN \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

21. MEDICAL CERTIFICATION  
 DUE TO Heart Disease  
 OTHER CONDITIONS \_\_\_\_\_  
 (INCLUDE PRESENT WITH 3 MONTHS OF DEATH)  
 OPERATIONS \_\_\_\_\_ FINDINGS \_\_\_\_\_  
 AUTOPSY \_\_\_\_\_ FINDINGS \_\_\_\_\_

13. USUAL OCCUPATION Minister  
 14. INDUSTRY OR BUSINESS \_\_\_\_\_  
 15. FULL NAME Boyd  
 16. BIRTHPLACE Memphis  
 17. MARRIAGE NAME Wickham  
 18. BIRTHPLACE Memphis

22. IF DEATH WAS DUE TO EXTERNAL CAUSE, FILL IN THE FOLLOWING:  
 a) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) \_\_\_\_\_  
 b) DATE OF OCCURRENCE \_\_\_\_\_  
 c) WHERE DID INJURY OCCUR \_\_\_\_\_  
 d) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE \_\_\_\_\_  
 WHILE AT WORK \_\_\_\_\_ MEANS OF INJURY \_\_\_\_\_

19. EMPLOYER Mrs Boyd  
 ADDRESS 2241 Parkway  
 16. BURIAL (REMOVABLE OR CREMATION)  
 DATE 28-43  
 CEMETERY Hollywood Place

23. SIGNATURE L. R. Park M.D.  
 ADDRESS 992 Cooper DATE SIGNED 2-12-43

18. UNDERTAKER Spencer Starnes  
 ADDRESS 1745 Union St E.P.  
 DATE FILED 2-15-43 REGISTRAR

THIS CERTIFICATE IS VALID ONLY WHEN FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS AND BIRTHS, MEMPHIS, TENNESSEE.