

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

Do not use this space.

40810

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kau Primary Registration District No. 1002  
 City K.C.Mo. (No. St. Marys Hosp.)

File No. ....  
 Registered No. 5185  
 St. 3185 Ward

**2. FULL NAME**

Abbie Boyle  
 (a) Residence. No. 3814 Highland St., 13 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** Fe **4. COLOR OR RACE** wh. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** widow  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Edw. B. Boyle  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec. 14 1858  
**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 0 2 0 0

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ill.

**10. NAME OF FATHER** Albert Kimer

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Mo.

**12. MAIDEN NAME OF MOTHER** Anna Hildebrand

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Rhode Island

**14. INFORMANT** Mr. J. A. Polson  
 (Address) 4720 Harrison Chicago

**15. FILED** 17 1928 M. M. Corvine  
 REGISTRAR user

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 17 1928  
**17. I HEREBY CERTIFY** That I attended deceased from Dec 15 1928 to Dec 16 1928  
 that I last saw h. or alive on Dec 16 1928, and that death occurred, on the date stated above, at 8:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
R. Lower Lobe  
1012 (duration) yrs. mos. ds. 5  
 CONTRIBUTORY (SECONDARY) Senility Gallbladder  
Disease Gallstones (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** at 3814 Highland  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? clinical x autopsy  
 (Signed) J. H. Huse, M. D.  
17 1928 (Address) 817 Keble K.C.Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Mason Ill. **DATE OF BURIAL** 12-17 1928

**20. UNDERTAKER** Mrs. C. S. Foster **ADDRESS** K.C.Mo.

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.

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2813 Winton  
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