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

Do not use this space.

1619

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 210

City Kansas City (No. St Josephs Hospital St. Ward)

2. FULL NAME Edith Saville Boyle

(a) Residence. No. 3326 Brooklyn 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: F	4. COLOR OR RACE: W.	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	
5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Clarence Boyle			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-2[?]-1907			
7. AGE Years: 21	Months: 01	Days: 13	If LESS than 1 day, ...hrs. or ......min.
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) Kan.			
PARENTS — 10. NAME OF FATHER: Jessie Saville			
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kan.			
12. MAIDEN NAME OF MOTHER: Rose Morris			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kan.			
14. INFORMANT Clarence Boyle (Address) 3326 Brooklyn			
15. FILED 1-16, 1929 M M Crowe asst REGISTRAR			

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 14, 1929, that I last saw her alive on Jan 14, 1929, and that death occurred, on the date stated above, at 2am 1-15-29.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxic Myocarditis

60B

93A

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Exophthalmic Goitre

60A

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 13-1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Eugene P Hamilton, M. D

1-16, 1929 (Address) 602 Argyle

*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: Memorial Park — DATE OF BURIAL: Jan. 17 1929

20. UNDERTAKER: G H Blackman — ADDRESS: Kans City Mo

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.

...THIS IS A PERMANENT RECORD

23

2

2

2

U05

602