

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.

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

Do not use this space.

1620

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

399

1002

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lela J. Boyles

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 14, 1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, — hrs. or — min.

66

11

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Salesman

(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)

Iowa

10. NAME OF FATHER

David M. Boyles

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Rhoda Culp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT (Address)

Mrs. Lela J. Boyles
Lathrop Mo

15.

FILED

1-16-29 M. M. Crowe
asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Jan 14 19 29

17.

I HEREBY CERTIFY That I attended deceased from Jan 15, 1929, to Jan 16, 1929, that I last saw him alive on Jan 16, 1929, and that death occurred, on the date stated above, at 11:16 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121A

121

Dr. J. M. Perkin
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Dependent (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

11/17/29
DID AN OPERATION PRECEDE DEATH? YES DATE OF 1/15/29

WAS THERE AN AUTOPSY? YES

(WHAT TEST CONFIRMED DIAGNOSIS?) Operation & Blood

(Signed) Dr. J. M. Perkin, M. D.

1/16, 1929 (Address) 201 E. 12th St. St. Louis, 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

DATE OF BURIAL

Strawberry Mo. Jan 16 19 29

20. UNDERTAKER

ADDRESS

L. H. Newcomer's Sons K. C. Mo.

THIS IS A PERMANENT RECORD

128
2
3
2

Mr. E. Lane J. J. J.

10/10/10