

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

Do not use this space **27650**

3339

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1092
 City Kansas City (No. Kansas City 1st St) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2225 Tassart St. 4 Ward. (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-12-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 18 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K.C.
 (STATE OR COUNTRY) mo.

10. NAME OF FATHER Claude C. Boyles

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

12. MAIDEN NAME OF MOTHER Jene Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

14. INFORMANT Record clerk
 (Address) Kansas City 1st St

15. FILED 8/4/27 M. M. Crouse
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-3-1929

17. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1929, to 8-3-, 1929, that I last saw him alive on 8-3-, 1929, and that death occurred, on the date stated above, at 3:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction
12/10
 (duration) yrs. mos. ds. 11 9 10
 CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED? 1592
 IF AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. H. Walfield M. D.
8-4-1929 (Address) Night Dept.

*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 M. P. Heison Kans. DATE OF BURIAL 8-6-1929

20. UNDERTAKER P. H. Mast ADDRESS J. C. M.

