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

Do not use this space.

14466

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas city (No. 7010 Walrond St. Ward)

Registration District No. 398
Primary Registration District No. 1602

File No.
Registered No. 1986

2. FULL NAME Cora M. Boyles
(a) Residence. No. 7010 Walrond St., 16 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. Ed. Boyles.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13-1863
7. AGE YEARS 67 MONTHS 4 DAYS 17 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home. 1064
(b) General nature of industry, business, or establishment in which employed (or employer) 132
(c) Name of employer 63
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I'll 2

PARENTS
10. NAME OF FATHER John. Welch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) I'll
12. MAIDEN NAME OF MOTHER Lucy Robins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) I'll

14. INFORMANT Mrs. C. P. Ewing
(Address) 7010 Walrond.
15. FILED 4/30, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH Thur.

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1931
17. I HEREBY CERTIFY, That I attended deceased from Mar 10-31, 19.., Apr. 29, 1931, that I last saw her alive on Apr. 29, 1931, and that death occurred, on the date stated above, at 2 45 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic fibrinous Bronchitis,
Spinal curvature compressing the base of lungs. (duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cardiac dilatation (duration) yrs. mos. 3 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Walter J. Clothe, M. D.
Apr. 30, 1931 (Address) 3103 Brooklyn

*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 Greenleaf. Kans.
DATE OF BURIAL 5-2 1931
20. UNDERTAKER Eylar Funeral Home
ADDRESS K. C. 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.