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

Do not use this space.

22380

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 715

City: St. Joseph. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: John Lee Boyle

(a) Residence, No. St., Ward. Almagorda, New Mex.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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 (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July, 29, 1866

7. AGE: Years 66 — Months 11 — Days 19 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co. Mo.

FATHER

13. NAME: John P. Boyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tazewell Co. Va.

MOTHER

15. MAIDEN NAME: Eliza Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tazewell Co. Va.

17. INFORMANT (ADDRESS): Harvey J. Boyle, 3042 Mitchell Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Frazier Cemetery DATE: July 18 1933

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: 7-18- 1933 John R Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July, 16, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to 7-16, 1933

I last saw him alive on 7-16, 1933 Death is said to have occurred on the date stated above, at 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset: 1 yr

46 B

Other contributory causes of importance: 46

Name of operation: none — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H W Carle, M. D.

(Address) Phys. & Surg. Bldg, St. Joseph, 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.

AUG 26 1933