

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

Do not use this space.

27834

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No.....  
Township..... Primary Registration District No. 1002 Registered No. 6863  
City St. Louis Mo. City Hospital 2 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2731 Shelden St. 17 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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Francis Boyle  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-16-1891  
7. AGE YEARS 36 MONTHS 1 DAYS 17 If LESS than day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Suburban  
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) P. C.

13. NAME William Boyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P. C.

15. MAIDEN NAME Charlotte Carriss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P. C.

17. INFORMANT A. Gertrude Creath  
(ADDRESS) City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Division DATE Aug 9, 1933

19. UNDERTAKER J. J. James  
(ADDRESS) 1217 134 Division

20. FILED AUG 10 1933 J. F. Budeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3-1933  
22. I HEREBY CERTIFY, That I attended deceased from 12-19-1932 to 8-3-1933  
I last saw him alive on 8-3-1933 Death is said

to have occurred on the date stated above, at 5 A. M.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
Other contributory causes of importance:

Pulmonary Hemorrhage  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
If so, specify.....

(Signed) J. J. Smith M. D.  
(Address) City Hospital 2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 26 1933  
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