

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

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

Do not use this space.

35717

**1. PLACE OF DEATH**

County Buchanan Co Registration District No. 35  
 Township St Joseph Mo. Primary Registration District No. 1428 N. 1300  
 City St Joseph Mo. (No. 1428 N. 1300) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Samuel H. Boylan  
 (a) Residence, No. 1428 N. 13 St St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u> <u>Clara Golden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2 1846</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>11</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Car maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>car making</u>	
	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) <u>St Joseph Mo</u>		
FATHER	13. NAME <u>Samuel Boylan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Mary James</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>	
17. INFORMANT (ADDRESS) <u>H. R. Boylan St Joseph Mo</u> <u>502 5th St 9th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pettibone Mo</u> DATE <u>Nov 11 1933</u>		
19. UNDERTAKER (ADDRESS) <u>St. Wm</u> <u>Pettibone Mo</u>		
20. FILED <u>11-11-1933</u> <u>Jordan R. Bender</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to Nov 9, 1933

I last saw him alive on Nov 8, 1933. Death is said to have occurred on the date stated above, at 5:00 P. m.

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

<u>Chronic Nephritis</u>	1917
<u>Hypertension</u>	1917
<u>131</u>	
<u>102</u>	

Other contributory causes of importance: 131

Name of operation \_\_\_\_\_ 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? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? X (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 Chronic Nephritis

(Signed) Chas W Stearns M. D.  
 (Address) 204 Missy King Bldg  
St Joseph Mo

