

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

Do not use this space.

3071

**1. PLACE OF DEATH**

County Missouri Registration District No. 791  
Township St. Louis Primary Registration District No. 1003  
City St. Louis (No. ....) St. .... Ward)

File No. ....  
Registered No. 729

**2. FULL NAME**

James P. Boyle  
(a) Residence, No. 1416<sup>2</sup> Farrar St., 26 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 - 1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 9 9  
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. Prison Guard  
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) Moberly Mo

MOTHER FATHER 13. NAME Phillip Boyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Elizabeth Boyle 1416<sup>2</sup> Farrar St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmvary Cem., DATE Jan. 20 1934

19. UNDERTAKER (ADDRESS) John A. Genterman 5077 Durand Ave

20. FILED Jan 23 1934 19 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934, to Jan 17, 1934  
I last saw him alive on Jan 17 1934 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Pulmonary Tuberculosis Date of onset 6-5-30

Other contributory causes of importance 23 P.

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? 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) Benjamin Burns, M. D.

(Address) 3852 N. Grand Blvd

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. 1934

WHITE PERMIT WITH UNFADING INK—THIS IS A PERMANENT RECORD

