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 2 0 1935

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

Do not use this space.

26281

1. PLACE OF DEATH Howard.
County ..... Registration District No. 378
Township Fayette. Primary Registration District No. 4222
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 438

2. FULL NAME William E. Boyles.
(a) Residence, No. ..... St., ... 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/11 1913

7. AGE Years 22 Months 6 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Missouri.

FATHER
13. NAME Richard Boyles.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

MOTHER
15. MAIDEN NAME Mary Griffin.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Richard Boyles. (ADDRESS) Fayette. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE County. Howard DATE 8/21 1935, 19

19. UNDERTAKER Richard Hardes. (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED Sep. 8, 1935 — V. C. Bonham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/20th 1935, 19

22. I HEREBY CERTIFY That I attended deceased from July 1, 1935, to August 20, 1935, I last saw him alive on Aug 20, 1935. Death is said to have occurred on the date stated above, at 7 a.m. P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	8-1-35

Other contributory causes of importance:

Nephritis - chronic	May 35.

Name of operation None Date of .....
What test confirmed diagnosis? Medal 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) W. T. Shaw, M. D.
(Address) Fayette, Mo.