Colonel Mary Dr.

SEP 2 5 1935

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

Do not use this space.
27538

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 6033E — Registered No. 234
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Margaret T. Boyle
(a) Residence, No. 1263 Sutter Ave. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph F. Boyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25th, 1900
7. AGE: YEARS 35 — MONTHS 1 — DAYS 13 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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: Robert Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Carrie Ritter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Joseph F. Boyle 1263 Sutter Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Aug. 12th 1935
19. UNDERTAKER (ADDRESS): Drehmann Hand 1905 Union Blvd.
20. FILED 8/9 1935 Dr. G. J. Figuorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 8th, 1935
22. I HEREBY CERTIFY, That I attended deceased from 8-8-1935, to 8-8-1935
I last saw her alive on 8-8-1935. Death is said to have occurred on the date stated above, at 2:05 P.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy — Date of onset 8-8-35
Hypertension

Other contributory causes of importance:
(see back paper)

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) O. R. Hampton Jr., M. D.
(Address) 6635 Delmar

Over

OK Jul 27 1935 Coroner Stanley Co 8/9/35

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.

This woman had a history of convulsions during
previous pregnancies (last 2 years ago) & was thought
have high blood pressure. When I first saw her
about 12.50 p.m. 8-8-35 she was in a convulsion
right pupil dilated & fixed, blood pressure too high to
record on Baumanometer (260)+. Respirations soon
became slow & cleared about 5 minutes prior to
cessation of heart beat. Albumin in urine 2+.

O P Hampton M.D.

[illegible]
65 35 [illegible]
130 — 300