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.

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

Do not use this space.

31072

SEP 29 1936

1. PLACE OF DEATH

County: Jackson Registration District No.: 399 File No.:

Township: Kaw Primary Registration District No.: Registered No.:

City: K. C. Mo. (No. Mercy Hosp 1002 St. 3872 Ward)

2. FULL NAME: Ruby 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: Female
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): Feb 15, 1933

7. AGE: Years 3 | Months 6 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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):

FATHER

13. NAME: Leonard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER

15. MAIDEN NAME: Leona
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS):

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DATE: 19

19. UNDERTAKER (ADDRESS): Archer-Manzold

20. FILED 8-21 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1936 to 8-21, 1936

I last saw h. en alive on 8-31, 1936. Death is said to have occurred on the date stated above, at 8 30 p m.

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

	Date of onset
Acute anterior Poliomyelitis	8-6-36
Acute Bronchopneumonia (Hypostatic)	8-21-36

Other contributory causes of importance: None

Name of operation: Tracheotomy Date of: 8-12-36

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? No
If so, specify

(Signed) Harry E Ennis, M. D.
(Address) 806 Prof Bldg K C Mo