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.

APR 23 1938

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

Do not use this space.

9878

1. PLACE OF DEATH
County Jackson
Township Kan City
City Kans City (No. K.C. Gen Hospital St. ..... Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. .....
Registered No. 1343

2. FULL NAME Bertini Boyles 4 D.
(a) Residence, No. 4530 Euclid 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont know

7. AGE YEARS 75 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at 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) Dont know

FATHER
13. NAME Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) None

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Cremation
PLACE New Comers DATE Mar 28 1938

19. UNDERTAKER (ADDRESS) Carroll, Davidson 3024 Troost

20. FILED Mch 28, 1938 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Fracture of pelvis c̄ retroperitoneal hemorrhage Bronchopneumonia

Date of onset

Other contributory causes of importance:

1864

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-14, 1938
Where did injury occur? K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell from street car
Nature of injury trouble

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Theo B. Butler, M.D.
(Address) Gen Hosp, K.C. Mo