

REC'D MAY 17 1938

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

14112
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 35
 (b) Township St Joseph mo Primary Registration District No. 1001 Registered No. 474
 (c) City St Joseph mo (d) Street No. McMurdock Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Muriel Ruth Boyles 420
 (a) Residence, No. Raendale mo St. Raendale mo (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dale Boyles
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 - 1916
 7. AGE YEARS 22 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 28 - 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1938, to Apr. 28 1938
 I last saw her alive on April 25 1938 Death is said to have occurred on the date stated above, at 4 a m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Acute appendicitis
Bowel Obstruction
 Date of onset Apr. 5
Apr. 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forbes mo 0

Other contributory causes of importance:
appendectomy 4-4-38
Went down out 4-4-38
operation 4-18-38

FATHER
 13. NAME Othie Briner 0

Name of operation operation Date of 70

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maupine mo 0

What test confirmed diagnosis? operation Was there an autopsy? 70

MOTHER
 15. MAIDEN NAME Marie Mason

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yodaway mo

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

17. INFORMANT (ADDRESS) Dale Boyles
Raendale mo

24. Was disease or injury in any way related to occupation of deceased? 70
 If so, specify (Signed) D. H. Kelley 3, M. D.
Savannah mo (Address)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lower Valley DATE May 1 1938

19. FUNERAL DIRECTOR (ADDRESS) E. C. Bruff
Savannah mo
 20. FILED May 1 1938 H. J. Hestebuck Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. C. Breit

 I. E.

No. or by , Registered Apprentice No.
working under my personal supervision.

Signed E. C. Breit
Licensed Embalmer No. 2650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)