

REC'D JUN 15 1938

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

18502
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
(b) Township Kenn. Ash. Primary Registration District No. 5558 Registered No. _____
(c) City Kansas City (d) Street No. Hillcrest Golf Club St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

William D. Boyle
(a) Residence, No. 1400 West 50th Street St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine J. Boyle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 12 1877</u>		
7. AGE <u>60</u>	YEARS <u>9</u>	MONTHS <u>21</u>
		DAYS <u>21</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Contractor</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Boyle-Pryor Const. Co.</u>	
	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) <u>Kentucky</u>		
FATHER	13. NAME <u>Thomas Boyle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Margaret O'Brien</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Mrs. Josephine J. Boyle</u> (ADDRESS) <u>1400 West 50th Street</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>June 6 38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Quirk & Tobin Co.</u> <u>Kansas City, Mo.</u>		
20. FILED _____ 19 _____ Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:14 p.m.

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

Date of onset _____

Other contributory causes of importance:
W

Name of operation _____ Date of _____
What test confirmed diagnosis Aspiration Was there an autopsy _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 6/3/38
Where did injury Ireland Hill Crest Golf Club
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. out of State

Manner of injury shot by lightning

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] _____, M. D.
(Address) [Signature] _____

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.

APR 10 1944

Embalmer
John
9

Embalmer
A
B
C

Embalmer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.

Embalmer
A
B
C

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

185-02
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
(b) Township Washington Primary Registration District No. 5559 Registered No. _____
(c) City _____ (d) Street No. Hillcrest Golf Club St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 William D. Boyle

(a) Residence, No. 1400 West 50 St. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Josephine J. Boyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Thomas Boyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Margaret O'Brien

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Josephine Boyle
1400 W 50th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE June 6 1938

19. FUNERAL DIRECTOR (ADDRESS) Quirk & Tobin Co.
Kansas City Mo

20. FILED 6-8-1938 Mr Jos. T. Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1938

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ 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:

Death by Lightning Date of onset _____

Other contributory causes of importance: no

Name of operation _____ Date of _____

What test confirmed diagnosis? injection Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/3 1938

Where did injury occur? Hillcrest Golf Club - Kansas
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Golf course

Nature of injury Shock by lightning

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. J. ... M. D.

(Address) ...

N. B. ... 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

