

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

35772
 Do not use this space.

REC'D NOV 14 1938

1. PLACE OF DEATH

(a) County GRUNDY Registration District No. 328
 (b) Township _____ Primary Registration District No. 3017 Registered No. _____
 (c) City TRENTON (d) Street No. through Memorial _____ 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

ELIZABETH JANE BOYLAN
 (a) Residence, No. 1406 E 12th St 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 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 Walter D. Boylan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-1880

7. AGE YEARS 58 MONTHS 1 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 10-1-38 11. Total time (years) spent in this occupation 58 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County, Mo

FATHER 13. NAME J J Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri

MOTHER 15. MAIDEN NAME Mary E. Shields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Mo

17. INFORMANT Walter D Boylan (ADDRESS) Trenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 2607 Camp Glenside DATE 10-8-38

19. FUNERAL DIRECTOR (ADDRESS) Raymond A. Davis #3424 Trenton, Mo

20. FILED 10-8-38 Trenton, Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29th 38 to October 6th 38
 I last saw her alive on Oct 6th, 1938. Death is said to have occurred on the date stated above, at 10:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Acute Gangrenous Appendicitis Date of onset Sept 27th 1938
General Peritonitis Sept 29th 1938
 Other contributory causes of importance _____

Name of operation Appendectomy with drainage Date of Sept 29th 1938
 What test confirmed diagnosis? Culture 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) Oliver F. Duffy, M. D.
 (Address) Trenton, Missouri

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.

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STATEMENT BY LICENSED EMBALMER

I, Raymond A. Davis, Licensed Embalmer No. 3434

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E.

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

Signed Raymond A. Davis
Licensed Embalmer No.

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.)