

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-4-19-38 I X16605

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

6048
Do not use this space.

1. PLACE OF DEATH
 (a) County Dickinson Registration District No. 83405
 (b) Township Crawford Primary Registration District No. 4051 Registered No.
 (c) City Facault (d) Street No. 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 Susan E. Boyle
 (a) Residence, No. Facault, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel T Boyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>79</u>	<u>5</u>	<u>18</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
Barbarous County

FATHER

13. NAME William Burnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER

15. MAIDEN NAME Jane Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Mrs. E. E. Snyder
Facault, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Facault, Mo. DATE

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Sullivan
Springer, Mo.

20. FILED 2/16 19 40 W. S. Bull
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1939 to Feb. 15th, 1940
 I last saw her alive on Jan. 30, 1940 Death is said to have occurred on the date stated above, at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:
myocarditis (chronic)
 Date of onset unknown

Other contributory causes of importance: None

Name of operation none Date of

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

Where did injury occur?

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) S. S. Durham M. D.
 (Address) Dearborn, Mo.

RECEIVED
District Health Officer No. 11,
District File Number 340-316
Date Filed MAR 12 1940

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 W. A. Sullivan
Licensed Embalmer No. 1738
P. O. Address Gower, Mo

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.