

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35532**

Registration District No. **554**

Primary Registration District No. **5747**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Mercer County**
(b) City or town **Princeton, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **No**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **all her life** (Specify whether)
In this community **all her life** years, months or days

3. (a) PRINT FULL NAME

Dara E. Boyle

3. (b) If veteran, name war

3. (c) Social Security No. **No.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
7. Birth date of deceased **Dec. 27, 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **25** If less than one day hr. min.

9. Birthplace **Mercer Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Enous Honn**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Jerritt**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Boyle**
(b) Address **Princeton, Mo.**

17. (a) **Burial** (b) Date thereof **Sept 24, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or **Topsy**

18. (a) Signature of funeral director **Paul Mass**
(b) Address **Princeton, Mo.**
19. (a) **Sept 20 1941** (b) **Mrs. Claude Thomas**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercer**
(c) City or town **Princeton, (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **22**
year **1941** hour **6:30** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept. 1**
38 to **Sept. 22** 19**41**
that I last saw h **er** alive on **Sept. 21** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death

1. Cardio-vascular-renal degener-
ation with special reference to degree
of nephritis.

2. Diabetes mellitus

3. Endarteritis rt leg with
gangrene rt. foot.

4. Uraemia, with coma
Other conditions (Include pregnancy within 3 months of death)

Major findings: **None**
Of operations

Of autopsy **None made.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) injury

23. Signature **A. S. Bristow** (M. D. or other) **M. D.**
Bristow Bldg. Princeton
Address **Mo.** Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

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

Signed.....

Licensed Embalmer No. 2634

P. O. Address Camden 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, fact should be so stated above.