

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 210

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5776

State File No. 10002

Registrar's No. 24

1. PLACE OF DEATH
(a) County Mercer
(b) City or town Washington Township
(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 no (Specify whether)
In this community All his life years, months or days

3. (a) PRINT FULL NAME Robert W. Boyle
3. (b) If veteran, name war no 3. (c) Social Security No. no
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Sept. 5, 1874 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business no

12. Name William Boyle

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name no

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Evans G. Boyle

(b) Address Mill Grove, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 23, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Topsey

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 3-29-47 (Date received local registrar) (b) Evan Martin (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 19 year 1947 hour 10:15 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 12 to March 19, 1947.
that I last saw him alive on March 19, 1947, and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage rt middle meningeal Duration 47

Due to Arteriosclerosis

Due to no

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy None

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) Natural causes

(b) Date of occurrence no

(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?

(Specify type of place)

While at work? (c) Means of injury no

23. Signature A. B. Bristow (M. D. or other) M.D.

Address Bristow Bldg Date signed 3/24/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Doel Mass

Licensed Embalmer No. 2634

P. O. Address Cumalan 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.