

MAR 19 1936

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

Do not use this space.

5594

## 1. PLACE OF DEATH

County Henry Registration District No. 347  
Township White Oak Primary Registration District No. 5495  
City Harrah (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

## 2. FULL NAME

Della Ann Boyles

(a) Residence, No. Irish no (Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. 9 mos. 13 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>C. A. Boyles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24, 1888</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>9</u>
	DAYS <u>13</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	11. Total time (years) spent in this occupation <u>Life</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockville Mo</u>	
	13. NAME <u>Hyle Lockwood</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Missouri Jackson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>C. A. Boyles</u> (ADDRESS) <u>Irish no</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Irish cemetery</u> DATE <u>2-9-36</u>		
19. UNDERTAKER <u>William General Home</u> (ADDRESS) <u>Clinton Mo</u>		
20. FILED <u>2-15-36</u> 19 <u>36</u> <u>J. R. Hampton</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1936 to Feb 7 1936  
Last saw her alive on Feb 7 1936 Death is said to have occurred on the date stated above, at 9:50 m.  
The principal cause of death and related causes of importance were as follows:

Date of onset 1-24-36  
Influenza  
110  
Other contributory causes of importance:  
Lobar pneumonia 1-30-36

Name of operation ..... Date of .....  
What test confirmed diagnosis? Physical 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 J. W. G. Guback  
(Signed) J. W. G. Guback, M. D.  
(Address) Irish no

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.

