

JAN 23 1929

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

Do not use this space.

40350

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township White Oak Primary Registration District No. 5495-
 City Urish (No. St. Ward)
 2. FULL NAME Fannie M. Boyles
 (a) Residence. No. Urish Mo. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U.S., if of foreign birth? 38 yrs. 11 mos. 6 ds.

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 Chas A. Boyles
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22^d 1890
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 | 11 | 6 | - | -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic
 (b) General nature of industry, business, or establishment in which employed (or employer) Gen Housekeeping
 (c) Name of employer Herself

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo.

PARENTS

10. NAME OF FATHER Filbert Weirhage
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Jane Bolton
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Henry N. Weirhage (Address) Urish Mo.

15. FILED Dec 31 1928 Dr. E. C. Peeler REGISTRAR
 per J.P.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28th 1928
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1928, to Dec 28th 1928
 that I last saw h. alive on Dec 29th 1928, and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 General Pyemia
3/4 (duration) yrs. mos. 53 da.
 CONTRIBUTORY Double Polar Pyemia (SECONDARY) (duration) yrs. mos. 20 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Urish Mo.

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF no.

20. WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS Physicist & Microscopic
 (Signed) J. E. M. Donald M. D.
 , 19 Urish Mo (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Urish Cemetery DATE OF BURIAL 12-30 1928

20. UNDERTAKER H. P. Smith ADDRESS Urish Mo.

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.

