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

Do not use this space.

File No. 19179
Registered No. 67

1. PLACE OF DEATH
County St Louis — Registration District No. 788
Township — Primary Registration District No. 4471
City Webster Groves (No. 545 W. Kirkham St. Ward)

2. FULL NAME Laverna A. Boylan
(a) Residence. No. 545 W. Kirkham St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF XXX

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1-1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	15	2	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo. 1

PARENTS
10. NAME OF FATHER George E. Boylan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary Lautz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Geo. E. Boylan
(Address) 545 W. Kirkham

15. FILED 6/1 1931 Dr. A-W. Westing
REGISTRAR
J. Cubick

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-31 1931

17. I HEREBY CERTIFY, That I attended deceased from May 18 to May 31 1931 that I last saw h. alive on ....., 19....., and that death occurred, on the date stated above, at 1:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
Streptococcus Viridans
(duration) yrs. mds. 3 ds.
CONTRIBUTORY (SECONDARY) Rheumatic Arthritis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Culture
(Signed) C. T. Gilkey M. D.
6/2 1931 (Address) Webster Groves Mo.

*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 Allenton Mo. — DATE OF BURIAL 6-3 1931
20. UNDERTAKER McLaughlin — ADDRESS 631 Mo

N. B.—Every item of information must be given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.