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

Do not use this space.

28232

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Lee Primary Registration District No. 3003 Registered No. 2250
City Kc Mo (No.) 504 West Pennsylvania Way St. Ward)

2. FULL NAME Mary Marie Bell Boyle

(a) Residence. No. 504 W 21 St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lawrence W. Boyle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 26 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	5	8	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ind

PARENTS
10. NAME OF FATHER Chas. Stanley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No record

14. INFORMANT J. R. Boyle
(Address) Norfolk Nebr.

15. FILED 8/5, 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1931, to Aug 4, 1931 that I last saw her alive on Aug 4, 19.... and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, Chronic
93c

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93c

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Myocardograph
(Signed) D. P. Klepinger M. D.
8/4, 1931 (Address) 613 Argyle Bldg

*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	DATE OF BURIAL
Atkinson, Ks,	8-6-31
20. UNDERTAKER	**ADDRESS**
Mrs. E. L. Forster	K. C. 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.

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