MAR 24 1934

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

Do not use this space.

5103

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No.
Township Kaw — Primary Registration District No. [illegible] — Registered No. 829
City K.C.Mo. (No. 1001 Norton St. Ward)

2. FULL NAME Mrs. Margaret Boyle
(a) Residence, No. 1001 Norton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Patrick Henry Boyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 6 1864

7. AGE: YEARS 69 MONTHS 7 DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wis.

FATHER
13. NAME: Lewis Shelhoun
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ira Boyle, 8608 Roberts, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Feb. 19

19. UNDERTAKER (ADDRESS): C.H.Blackman & Son, 2825 Indep. Blvd. K.C.Mo.

20. FILED 2/20 1934 M. M. Crowe Asst Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 19, 34, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933, to Jan. 15, 1934
I last saw her alive on Jan. 15, 1934. Death is said to have occurred on the date stated above, at 7 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	Several years

Other contributory causes of importance: Carcinoma

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — 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
(Signed) W. Carmelly Anderson, M. D.
(Address) 6520 Indep. Ave.

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.