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.

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

MAY 19 1936

399

Do not use this space.

15147

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 31 East 68th St. Terrace St. 1858 Ward)

2. FULL NAME Robert Thomas Boylen
(a) Residence, No. 31 East 68st St. Terrace St., 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: Male
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: Dollie C. Boylen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 10, 1890

7. AGE: YEARS 46 — MONTHS 2 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Broker
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): Kansas City Missouri

FATHER
13. NAME: Francis Boylen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Victoria
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Robert Boylen, 31 East 68th St. Terrace

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Moriah Cemetery
PLACE Kansas City, Mo. DATE April 9, 1936

19. UNDERTAKER (ADDRESS): Stine & McClure Undertaking Co., 3235 Gillham Plaza

20. FILED 4-8 1936 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1" 1936, 19..., to April 6", 1936
I last saw him alive on Apr 6 1936 Death is said to have occurred on the date stated above, at 7 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac Failure	Sudden
94 [illegible]	

Other contributory causes of importance:

Coronary Occlusion	about Mar 1" 36

Name of operation: Clinical Diag. Date of
What test confirmed diagnosis? 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) F. C. LaMar M. D.
(Address) 624 Professional Bldg KC Mo

Dr [illegible]

VI- 4426 6:30

Prof [illegible]

3653 Charlotte