

JUL 27 1936

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

Do not use this space.

24011

1. PLACE OF DEATH

County St. Clair  
Township Loverly city  
City Loverly city (No. ....) (Ward) .....

Registration District No. 763  
Primary Registration District No. 4458

File No. ....  
Registered No. 3

2. FULL NAME

James McEllan Boyle  
(a) Residence, No. Loverly city St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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 Mar Boyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 - 1862

7. AGE YEARS 74 MONTHS 0 DAYS 24 If LESS than 1 day, .... hrs. .... or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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 Life

12. BIRTHPLACE (CITY OR TOWN) Meridian (STATE OR COUNTRY) Indiana

13. NAME David Boyle

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) .....

15. MAIDEN NAME Sarah Groves

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) .....

17. INFORMANT Mar Boyle (ADDRESS) Loverly city

18. BURIAL, CREMATION, OR REMOVAL PLACE Loverly city DATE 6-18 19. ....

19. UNDERTAKER Walter ... (ADDRESS) ...

20. FILED June 18, 1936 Sophia d. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18th, 1936

22. I HEREBY CERTIFY That I attended deceased from May 18th, 1936, to June 18, 1936. I last saw him alive on June 18, 1936. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Paralytic Nervous supply of sensory and motor of Progressive muscular Atrophy Bulbar Paralysis

Other contributory causes of importance: .....

Name of operation SW Date of ...

What test confirmed diagnosis SW Was there an autopsy? ...

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

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 death or injury in any way related to (occupation of deceased) No

If so, specify ...

(Signed) ... M. D.

(Address) Loverly City, Mo

MARGIN RESERVED FOR BINDING

S. NO. 2  
70M-2-19-36  
I X759A

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

