REC'D SEP 6 1939

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

28112
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 1 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 3114
(c) City Kansas City Mo 1 (d) Street No. St Marys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 8 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine Boyle
(a) Residence, No. 1003 W 16th St. Kansas City Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 - 1936
7. AGE YEARS 2 MONTHS 8 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as 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 Mo.

FATHER
13. NAME John V. Boyle 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K C Kansas

MOTHER
15. MAIDEN NAME Catherine Ripplinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT (ADDRESS) John V. Boyle 1003 W. 16th St K.C.K.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Calvary DATE Aug 7 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jos A. Butler & Son K.C.K.
20. FILED 8/6 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1939, to 8-5, 1939
I last saw her alive on 8-5, 1939. Death is said to have occurred on the date stated above, at 1:00 P.m.
The principal cause of death and related causes of importance were as follows:

acute muco-purulent Entero-colitis 120 h

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....
If so, specify .....
(Signed) H. M. Gilkey per K.C. Wilson M. D.
(Address) 2800 Main St K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Ross Bell, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Ross Bell

Licensed Embalmer No. Mo 3426

P. O. Address Kansas City Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.