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Dr. Allen

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 139
Registrar's No. 103

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 32 Temple Court
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution home; In Community 30 yrs.; In Arizona 62 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa (c) City or Town Mesa
(If outside city limits also write RURAL)
(d) Street No. 32 Temple Court (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Edwin Henry Boyle (b) If Veteran name war No (c) Social Security No. None

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Sarah Ellen Boyle 6. (c) Age of husband or wife, if alive 76 yrs.

7. Birthdate of deceased Sept. 9, 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 27 If less than one day
hrs. min.

9. Birthplace Payson, Utah
(City, town or county) (State or Country)

10. Usual Occupation Rancher
11. Industry or Business Retired

Father { 12. Name Henry G. Boyle
13. Birthplace ? Virginia
(City, town or county) (State or Country)

Mother { 14. Maiden Name Arabella McKinley
15. Birthplace ? Iowa
(City, town or county) (State or Country)

16. (a) Informant's own signature Sarah Ellen Boyle
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 6-9-47

18. (a) Embalmer's Signature [Signature] - 228-A
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) June 10 1947
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 5, 19 47,
TIME (Hour and minute) 11 P. M.

21. I hereby certify that I attended the deceased from Aug. 24
1947 to June 5, 19 47
that I last saw him alive on June 1, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
insufficiency

Due to senility

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (a) Means of injury
23. Signature [Signature] M.D.
Address [Address] Date signed 6-10-47