

U. S. DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH

1 PLACE OF DEATH **HAMILTON**

CERTIFICATE OF DEATH **494**

File No. **10726**

County **HAMILTON**

Registration District No. **8227** Registered No. **848**

Township **311**

Primary Registration District No. **Jewish Hospital** St. **1** Ward

or Village **CINCINNATI**

No. **(If death occurred in a hospital or institution, give its NAME instead of street and number)**

or City of **CINCINNATI**

Length of residence in city or town where death occurred **ms.** How long in U. S., if of foreign birth **ms.** Did Decedent Serve in U. S. Navy or Army **ms.**

2 FULL NAME **Edward J. Boyle**

(a) Residence. No. **1134 West Eighth St.** Ward **(If nonresident give city or town and State)**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR or RACE **White** 5. SINGLE, MARRIED, Widowed or Divorced **Married**

6. If Married, Widowed, or Divorced Husband of (or) Wife of **Winifred McGinnis**

7. DATE OF BIRTH (month, day, and year) **May 8, 1874**

7. AGE (years) Months Days If LESS than 1 day **66 9 2**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Cafe Proprietor**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **95 TV**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Cincinnati** (State or country) **Ohio**

13. NAME **James Boyle**

14. BIRTHPLACE (city or town) **Ireland** (State or country)

15. MAIDEN NAME **Ellen Keenan**

16. BIRTHPLACE (city or town) **Ireland** (State or country)

17. The Signature of INFORMANT **Winifred Boyle** and (Address) **1134 West 8th St.**

18. BURIAL, CREMATION, OR REMOVAL Place **St. John's** Date **Feb-13** 19 **41**

19. FUNERAL FIRM **John P. Sullivan & Son**

19a. BURIED BY **John P. Sullivan & Son** No. **15** Address **22 West 9th St.**

19b. EMBALMER **John P. Sullivan & Son** Lic. No. **14768**

20. FILED FEB **7** 19 **41** Registrar **Jo Back**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **2-10** 19 **41**

22. I HEREBY CERTIFY, That I attended deceased from **19** to **19**. I last saw him alive on **19**, death is said to have occurred on the date stated above at **m.**

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: **Organic Heart Disease**
Chronic Thrombosis
95

CONTRIBUTORY CAUSES of importance not related to principal cause: **Congestive Heart Failure**

Name of operation **Date of**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? **Date of injury** 19 **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 **John P. Sullivan, M. D.** (Signed) **Doctors Bldg.**

Date **19** Address **Doctors Bldg.**

Important. See instructions on back of certificate.