

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of *Hamilton*

494

2588

Township of _____ Registration District No. _____

8227

File No. _____

Village of _____ Primary Registration District No. _____

Registered No. **170**

City of *Cincinnati* (No. *827 Academy* St. _____ Ward _____)

(If death occurred in a Hospital or institution, give its NAME instead of street and number.)

(If death occurs AWAY FROM USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME *Jack Boyle*

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR OR RACE *white*

DATE OF BIRTH *March 22 1867*
(Month) (Day) (Year)

AGE *45 years, 9 months, 15 days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

BIRTHPLACE (State or Foreign Country) *Ohio*

OCCUPATION *Saloon keeper*

NAME OF FATHER *James Boyle*

BIRTHPLACE OF FATHER (State or Foreign Country) *Ireland*

MAIDEN NAME OF MOTHER *Stelen Keegan*

BIRTHPLACE OF MOTHER (State or Foreign Country) *Ireland*

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) *Bernard Ebbing*
(Address) *1047 W. 15th St*

Filed **JAN 5 1913**

Walter Evans
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Jan 6 1913*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Nov 19 1912* to *Jan 6 1913* that I last saw him alive on *Jan 6 1913* and that death occurred, on the date stated above, at *6 Pm*

M. The CAUSE OF DEATH was as follows:

Chronic Bright's
(Duration) *9 mo*

Contributory *Arterio Sclerosis*
(Duration) _____ Days
(Signed) *Freid B. Jones* M. D.
Jan 7 1063 (Address) *845 W 7*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
Former or Usual Residence _____ How long at Place of Death _____ Days
Where was disease contracted, (if not at place of death?) _____

PLACE OF BURIAL or REMOVAL *St Jos. New* DATE OF BURIAL *Jan 9 1913*

UNDERTAKER *Busee & Bergmann Leo* ADDRESS _____