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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 40514
Township Law — Primary Registration District No. 1002 — Registered No. 4885
City Kansas City (No. 1119 1/2 E. 17th St. Ward)

2. FULL NAME Minnie Reed Doyle
(a) Residence. No. 1119 1/2 E. 17th St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 15, 1877
7. AGE: Years 51 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Phillip Modesty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Sarah Ank
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Rosa Ayers, daughter
(Address) 1631 Tracy

15. FILED 12/4, 1928 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/1 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov. 31, 1928, to Dec. 1, 1928 that I last saw her alive on Nov. 31, 1928, and that death occurred, on the date stated above, at 10:50 P.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia
11H
10V
11A (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) La Grippe (duration) yrs. mos. 7 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) F. P. Haugh, M. D.
12/2, 1928 (Address) 2200 E-18

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Maple Hill — DATE OF BURIAL: 12/5 1928
20. UNDERTAKER: Haskins Bros — ADDRESS: 1729 Lydia

F. J. Haugh, 18th & Brooklyn.