

FEB 9 1935

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

Do not use this space.

6424

## 1. PLACE OF DEATH

County

Pike

Registration District No.

689

Township

Louisiana

Primary Registration District No.

3033

City

(No. Mineral Springs)

File No.

Registered No.

St.

Ward

## 2. FULL NAME

Porter Emmett Doyle

(a) Residence, No.

Stark and Louisiana, Mo

Ward.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Jewel Blackwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

2/9-10

7. AGE

YEARS

25

MONTHS

0

DAYS

0

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

farm work

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)

Hickory Co Mo

13. NAME

James H Doyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Camden Co Mo

15. MAIDEN NAME

Vera Frances Doyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Camden Co Mo

17. INFORMANT

James Doyle  
Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Burling Green Mo

2-11

1935

19. UNDERTAKER

(ADDRESS)

McNary  
Louisiana Mo

20. FILED

7/9

1935

McNary

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

29 35

22. I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1935, to Feb 9, 1935

I last saw him alive on Feb 9, 1935. Death is said

to have occurred on the date stated above, at 530 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular

Renal Hypertension

Date of onset

7)

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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 by

(Signed) J. H. P. P. P.

(Address) Louisiana Mo

M. D.

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.

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