

MAR 24 1937

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

Do not use this space.

7667

3. PLACE OF DEATH

County Pike

Registration District No. 689

File No.

Township ~~_____~~

Primary Registration District No. 3023

Registered No.

City Henrieville (No. Pike Co Hospital)

St. _____ Ward)

2. FULL NAME Pike County Doyle

(a) Residence, No. Curryville, mo R2 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

M

4. COLOR OR RACE

W

5. ~~SINGLE, MARRIED, WIDOWED, OR~~

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (or) WIFE OF Bertha Doyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-8-1863

7. AGE

73

YEARS

MONTHS

5

DAYS

2

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

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

Farmer

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

40 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pike County, Mo
(STATE OR COUNTRY)

FATHER

13. NAME Wm Doyle

14. BIRTHPLACE (CITY OR TOWN) Pike Co, Mo
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Sarah Ann Whitledge

16. BIRTHPLACE (CITY OR TOWN) Pike Co, Mo
(STATE OR COUNTRY)

17. INFORMANT P. C. Doyle
(ADDRESS) Curryville mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Curryville mo DATE Feb 13 1937

19. UNDERTAKER H. B. O'Keefe
(ADDRESS) Boonville mo

20. FILED 210 1937 J. Keely Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10 1937

22. I HEREBY CERTIFY, That I attended deceased from R-8 to 2-10 1937

I last saw him alive on 2-10 1937 Death is said

to have occurred on the date stated above, at 1025 A m.

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

Pneumonia
Right upper lobe
Date of onset 2/5

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

Accident, suicide, or homicide? _____ Date of injury _____, 1937

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 _____

(Signed) John W. Keely Jr, M. D.

(Address) Curryville Mo.

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Louisiana
City Louisiana (No. _____, St. _____ Ward _____)

Registration District No. 689
Primary Registration District No. 3033

File No. 7667
Registered No. _____

2. FULL NAME

Pike County Dingle

(a) Residence, No. _____ St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr(s) or _____ min

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

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

Pneumonia
Lobar
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

Other contributory causes of importance: _____
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER (ADDRESS) _____

(Signed) E. Cunningham, M. D.
(Address) Louisiana

20. FILED 2-10-37 E. Kelly Jr. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-7667