

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

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH 2  
 17 County Carroll Registration District No. 135  
 3 Township \_\_\_\_\_ Primary Registration District No. 3010  
 City Carrollton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 12. FULL NAME Emma Lucille Dooley 400  
 (a) Residence, No. \_\_\_\_\_ Sl. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

6359

File No. \_\_\_\_\_  
 Registered No. 21

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1932  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
5 3 24  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Data deceased last worked at this occupation (month and year) Feb. 13 - 38 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Northon, Mo. Carroll County  
 MOTHER FATHER  
 13. NAME Queen Dooley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Northon, Mo. Carroll County  
 15. MAIDEN NAME Louise Dooley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Northon, Mo. Carroll County  
 17. INFORMANT (ADDRESS) Queen Dooley Northon, Mo.  
 18. BURIAL, CREMATION OR REMOVAL PLACE Wainman DATE Feb. 27 1938  
 19. UNDERTAKER (ADDRESS) John B. Dwyer Northon, Mo.  
 20. FILED 2-19 1938 John B. Dwyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 2-15 1938, to 2-18 1938  
 I last saw h. or alive on Feb 15 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
① Osteomyelitis proximal end right femur - streptococcus 2-14-38  
② Streptococcus septicus 2-16-38  
 Other contributory causes of importance: 154-  
 Name of operation Osteotomy Date of 2-17-38  
 What test confirmed diagnosis? Pus, India Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Eugene L. Baley H.B. M. D.  
 (Address) Northon, Mo.

