OCT 2 2 1935

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

Do not use this space.

29042

79

1. PLACE OF DEATH
County Clay
Township Liberty
City Liberty (No. ....)

Registration District No. 201
Primary Registration District No. 5280

File No. ....
Registered No. ....
.... St. .... Ward)

2. FULL NAME Ella Doyle

(a) Residence, No. .... St., ... Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 7 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

3. SEX Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 1856

7. AGE YEARS 78 MONTHS 8 DAYS 15 If LESS than 1 day, ... hrs. or .... min.

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

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

10. Date deceased last worked at this occupation (month and year) 2 mo

11. Total time (years) spent in this occupation 60

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ....

MOTHER
15. MAIDEN NAME Tabitha Hines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo

17. INFORMANT (ADDRESS) Mrs Day Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE 9/11/35

19. UNDERTAKER (ADDRESS) Thurd Archer Co Liberty Mo

20. FILED 9/11 19 35 E T Brown Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 19 35

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1935 to Sept 9, 1935
I last saw her alive on Sept 9, 1935. Death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

General Artero Sclerosis
Coronary Disease
Embolism

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 .... 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? No
If so, specify ....
(Signed) Burton Maltby , M.D.
(Address) Liberty Mo