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

Do not use this space.

18405

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2708
Township Kaw — Primary Registration District No. 1002 — Registered No. F
City Kansas City Mo (No. General Hosp St. Ward)

2. FULL NAME Pleasant H Doyle
(a) Residence. No. 2906 E. 12th St 1-9 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11 - 1867

7. AGE: 59 YEARS — MONTHS: 9 — DAYS: 10 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Oil Station
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wm M. Doyle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Record office
(Address) K. C. General Hosp

15. June 21, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-21 1927

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1927, to June 21, 1927 that I last saw him alive on 9:50 a.m., 1921, and that death occurred, on the date stated above, at 9:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Surgical Operation for Gall Stone
126
129 (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonitis
(duration) yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 16 27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George C Lee, M.D
6/21, 1927 (Address) Gen. Hosp K.C. Mo.

*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: Clinton Mo — DATE OF BURIAL: 6-22 1927
20. UNDERTAKER: O. V Mast — ADDRESS: City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD