24

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

Do not use this space.

36343

1. PLACE OF DEATH
County: Cole
Township: Jefferson
City: Jefferson City (No. ..., ... St. ... Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No.

2. FULL NAME: P. LaRuey Doyle

(a) Residence. No. 119 E. Elm (Rear) St. - 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23, 1925

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
2	10	21	

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Cole Co. Mo.

PARENTS

10. NAME OF FATHER: Ed S. Doyle
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Michigan
12. MAIDEN NAME OF MOTHER: Elvira Sachs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Cole Co. Mo.

14. INFORMANT: Ed S. Doyle
(Address) 119 E. Elm St (Rear)

15. FILED ..., 19... S. V. Bedford M.D.
REGISTRAR
Dec. 23-27

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-14 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-28, 1927, to 12-14, 1927 that I last saw him alive on 12-14, 1927, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Scarlet Fever.

(duration) ... yrs. ... mos. 17 ds.

CONTRIBUTORY (SECONDARY) none
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) J. W. Gillham, M.D.
12/15-1927 (Address) Jefferson City 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: Riverview Cemetery
DATE OF BURIAL: 11/14 1927

20. UNDERTAKER: Dawson-Tanner
ADDRESS: 700 Jefferson St. City

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

JAN 17