MAR 21 1928

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

Do not use this space.

6126

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City ~~Near Farmington~~ (No. ....., ... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. .....
Registered No. 26

2. FULL NAME Thomas Eugene Doyen
(a) Residence. No. State Hospital No. 4 St., ... Ward. Richwoods, Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mamie Palmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs, or ....min.
	72	2	9	

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

9. BIRTHPLACE (CITY OR TOWN) Richwoods
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Eugene Doyen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paris
(STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

14. INFORMANT Hospital Records
(Address)

15. FILED 2-21-1928 R. L. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1928, to Feb 19, 1928 that I last saw h. alive on Feb 19, 1928, and that death occurred, on the date stated above, at 9:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes mellitus
9
10 57
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
O DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) P S Tate, M. D
, 19 (Address) Hosp. #4 Farmington

*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 St. Stephens-Richwoods, Mo
DATE OF BURIAL 2-21, 1928

20. UNDERTAKER Dennis Doyen,
ADDRESS Richwoods, 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.