AUG 28 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Randolph
Township: Sugar Creek
City: ..... (No. ..... St. ..... Ward)

Registration District No. 735
Primary Registration District No. 5970

File No. 24817
Registered No. 144

2. FULL NAME: Edwin O Doyle

(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 26th 1864

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2	13	

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

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

PARENTS

10. NAME OF FATHER: Theodore Doyle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Va
12. MAIDEN NAME OF MOTHER: Martha Shelton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

14. INFORMANT: Mrs Alice Doyle
(Address) R.F.D. Moberly, Mo.

15. FILED 7/11, 1928 Dr. Thos. J. Fleming, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1928, to July 9th, 1928 that I last saw b. alive on ....., 19..., and that death occurred, on the date stated above, at 7:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary occlusion
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) sudden
(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? ✓
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Thos J Fleming, M.D.
7-11th, 1928 (Address) Moberly 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: Moberly Mo
DATE OF BURIAL: 7-11th 1928

20. UNDERTAKER: Mahan and Son
ADDRESS: Moberly 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.