

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

Do not use this space.

3266

1. PLACE OF DEATH

County St. Genevieve Registration District No. 781 File No. \_\_\_\_\_  
Township Beaumont Primary Registration District No. 4467 Registered No. \_\_\_\_\_  
City St. Marys (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Elizabeth Lee Doll

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 10 4

8. OCCUPATION OF DECEASED 1078  
(a) Trade, profession, or particular kind of work at home 00  
(b) General nature of industry, business, or establishment in which employed (or employer) 115  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St Marys  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Doll

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Marys  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lylea Lawrence

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Marys  
(STATE OR COUNTRY) Missouri

14. INFORMANT Charles Doll  
(Address) St Marys Mo

15. FILED 1/16 1929 Notary Thomas  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
The findings point to Bronchial pneumonia.  
(Heart of grey)

CONTRIBUTORY (SECONDARY) Some paralysis of throat following a chronic otitis  
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
1/17/29 Les C. Butler M.D.  
(Signed) \_\_\_\_\_, 19\_\_\_\_ (Address) St. Genevieve 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 St Marys Mo DATE OF BURIAL Jan 18 1929

20. UNDERTAKER John Butler St. Genevieve 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.

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PARENTS

