

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

Do not use this space.
9280

1. PLACE OF DEATH
 County Vernon Registration District No. 875
 Township Washington Primary Registration District No. 6162
 City Nevada (No.) St. Ward

File No.
 Registered No. 27
 St. Ward

2. FULL NAME Pat Doyle
 (a) Residence No. Map 1st St #2 St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 9 mos. 9 da. 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DK.

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
about 70 | X | X | _____

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 employee) _____
 (c) Name of employer _____

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

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14. INFORMANT C. Clerk Jackson Co. Mo.
 (Address) _____

15. FILER 3-5-29 E.R. King
 REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1928

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to Feb 28, 1928.
 that I last saw him alive on 11, 1927, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteriosclerosis
97

CONTRIBUTORY (SECONDARY) 91B
 (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? clinical
 (Signed) J.E. Dell, M. D.

Feb. 24, 19 (Address) Nevada

*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 Hospital Cornet **DATE OF BURIAL** 3/7/29

20. UNDERTAKER Ferry Funeral Home Nevada Mo
 ADDRESS _____

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

PARENTS

108
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