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

Do not use this space.

11968

APR 30 1929

1. PLACE OF DEATH County: Randolph Township: City: Moberly (No. 330 Woodland St. Ward)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 64

2. FULL NAME Francis M. Dooley

(a) Residence. No. 330 Woodland 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Dooley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apl 23rd 1852

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 11 | 2 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Ia

PARENTS

10. NAME OF FATHER Jesse M Dooley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Mary E. Fenton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs E. J. Kaiser
(Address) Moberly Mo.

15. FILED 3/27, 1929 Dr Thos D Fleming
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25th 1929

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1929, to March 25th, 1929 that I last saw h. alive on March 24, 1929, and that death occurred, on the date stated above, at 8:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis
12 H
7 D
(duration) yrs. mos. ds. cont known

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) yrs. mos. ds. cont

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) T. P. Kupperschmidt, M. D
3-26th, 1929 (Address)

*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 3-26th 1929

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD