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

Do not use this space.

12857

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Raw — Primary Registration District No. 1002
City: Kansas City (No. 1602 Paseo St., Ward)

File No.
Registered No. 1180

2. FULL NAME: Hilkerson B. Doyle.
(a) Residence. No. 1602 Paseo St., 4 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: M.
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 29. 1864

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Minister
(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): Alabama

PARENTS
10. NAME OF FATHER: Thos. Wallace
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mississippi
12. MAIDEN NAME OF MOTHER: Louise Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Maryland.

14. INFORMANT: Mary Ellen Doyle
(Address): 1602 Paseo

15. FILED 4/24, 1930 M. M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/22 1930

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1930 to April 21, 1930 that I last saw him alive on Apr. 21, 1930, and that death occurred, on the date stated above, at 7.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sub-acute Interstitial Nephritis
120
99
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. 6 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? None
(Signed) D. M. Miller, M. D.
4-23 1930 (Address) KC 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: Westlawn Cem — DATE OF BURIAL: 4/24 1930
20. UNDERTAKER: Hatkins Bros — ADDRESS: 1729 Lipke

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.

W. M. Miller.