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

Do not use this space.

18649

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3029 — Registered No. 132
City Hannibal (No. St. Elizabeth Hospital St. 6 Ward)

2. FULL NAME Jean Doloros Doyle
(a) Residence. No. 1317 Ely St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) April 3-1931
7. AGE: YEARS — MONTHS 1 — DAYS — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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) Hannibal Mo.

PARENTS
10. NAME OF FATHER Walter Clair Doyle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Goodhue (STATE OR COUNTRY) Minn.
12. MAIDEN NAME OF MOTHER Melva Hood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma City Okla.

14. INFORMANT Walter Clair Doyle
(Address) 1317 Ely St. Hannibal Mo.
15. FILED 5/4, 1931 C E Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 - 1931
17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1931, to May 3, 1931, that I last saw her alive on Apr 20, 1931, and that death occurred, on the date stated above, at 10:30 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature
159 15 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) 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?
(Signed) A B Blue, M. D.
, 19 (Address) Hannibal 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: Mt. Olivet Cemetery — DATE OF BURIAL: 5-5-1931
20. UNDERTAKER: Schwartz Funeral Home — ADDRESS: Hannibal 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.

JUN 27 1931

THIS IS A PERMANENT RECORD