

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 19 1932

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

Do not use this space.

40401

40311

1. PLACE OF DEATH

County Chariton
Township Brunswick
City Brunswick (No., St. Ward)

Registration District No. 169
Primary Registration District No. 4098

File No.
Registered No.

2. FULL NAME MIKE ARTHUR DOOLEY

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

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) May-12-1899

7. AGE YEARS 32 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weatherly mo.

FATHER 13. NAME A. R. Dooley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan co. mo.

MOTHER 15. MAIDEN NAME Belle Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. mo.

17. INFORMANT Mrs. Moses Grace (ADDRESS) Brunswick mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick mo. DATE Dec 27 1931

19. UNDERTAKER (ADDRESS) L. W. Merrill Brunswick mo.

20. FILED Dec 26, 1931 N. E. Tatum Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 31 to Dec 24 31
I last saw him alive on Dec 24 31. Death is said to have occurred on the date stated above, at 5 - A. m.

The principal cause of death and related causes of importance were as follows:

Acute parenchymatous nephritis and acute endocarditis

Other contributory causes of importance: Syphilis for 20 yrs from history

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry E. Tatum, M. D.
(Address) Brunswick mo

