

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

Do not use this space.

15285

1. PLACE OF DEATH

10 County Boone
3 Township
8 City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 118 St. Ward)

2. FULL NAME

Ida H. Doby

(a) Residence, No. 201 N. 3 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. S. C. Doby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) North Carolina

FATHER 13. NAME William Baptist

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER 15. MAIDEN NAME Sarah Baptist

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Rev. S. C. Doby
Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 5-25-32

19. UNDERTAKER (ADDRESS) A. C. Freeman
Columbia, Mo.

20. FILED 57257 1932 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932 to May 22, 1932
I last saw h. alive on May 22, 1932 Death is said to have occurred on the date stated above, at 5:20 p. m.

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

GOA Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:
GOA

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) D. A. Moore M. D.
(Address) 715 E. 1st Columbia, Mo.

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.

MO 21 1932

