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 5 1933

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

Do not use this space.

37101

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248 H — Registered No. 224
City Richmond Ht Mo (No. St. Mary Hospital St. Ward)

2. FULL NAME Ann Doyle
(a) Residence, No. 4365 Forest Park Bl St., Ward. St Louis Mo.
(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 Fem
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John Doyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 1860
7. AGE YEARS 72 MONTHS 0 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home 46
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 46
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iona
FATHER
13. NAME Denis O'Brien
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
MOTHER
15. MAIDEN NAME Ann Lynch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT Irene Doyle (ADDRESS) 4365 Forest Park Bl.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Nov. 9th 1932
19. UNDERTAKER Cullinane Bros (ADDRESS) 1710 N Grand Blvd
20. FILED Nov 8 1932 C. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 1911, to Nov 7 1932
I last saw her alive on Nov 6, 1932 Death is said to have occurred on the date stated above, at 2 20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sinus	
EC Intestinal Metastases	
46 E	
Other contributory causes of importance:	
Bowel Obstruction	

Name of operation Intestinal Anastomosis Date of 11-2-32
What test confirmed diagnosis? Microscopy Was there an autopsy? Yes

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) J. Seabold, M. D.
(Address) Carleton Bldg

Dr. Seabolt

Carleton Bldg.

12 to 2 + 4 – 5