

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

Do not use this space.

39965

1. PLACE OF DEATH

County Jackson Registration District No. 388
 Township Kaw Primary Registration District No. 1078
 City Kansas City (No. 4534 Wornall Road) File No. _____
 Registered No. 4759 St. _____ Ward _____

2. FULL NAME Mrs. Esther Elizabeth Doyle
 (a) Residence, No. 4534 Wornall Road 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John S Doyle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26 1860</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	11. Total time (years) spent in this occupation <u>13</u>	
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME J I Holt

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

15. MAIDEN NAME hank Hier

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

17. INFORMANT Edward S Doyle
 (ADDRESS) 1211 East 73rd St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St Marys Cem DATED Dec 1933

19. UNDERTAKER Quirk & Tobin Co.
 (ADDRESS) 20 West Linwood

20. FILED 1/5 1933 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1933 to Sept 19 1933
 I last saw her alive on Dec 4 1933 Death is said to have occurred on the date stated above, at 4:50 A M

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

Hypertension - chronic
nephritis
Heart failure Sept 32
Broken at hip
 Other contributory causes of importance:
Decubitus
Passive congestion
hypostatic pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury Sept 32
 Where did injury occur? at home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury fell on rug
 Nature of injury Broken at hip

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

(Signed) M. M. Crowe M. D.
 (Address) 818 West 11th St

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.

MARGIN RESERVED FOR BINDING

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15 1933

