

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.

MAR 24 1934

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

Do not use this space.

4700

1. PLACE OF DEATH
 County Hickory Registration District No. 363
 Township Granton Primary Registration District No. 3608
 City Granton (No.) St. Ward)

2. FULL NAME Margaret Elizabeth Doyal
 (a) Residence, No. Guster mo St. Wd. (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh Doyal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>75</u>	<u>7</u>	<u>19</u>	

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

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) Missouri

FATHER

13. NAME Thomas Shelton

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

MOTHER

15. MAIDEN NAME Martha Gill

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

17. INFORMANT Hugh Doyal
(ADDRESS) Guster mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Burton Cemetery DATE Feb 27 1934

19. UNDERTAKER J.P. Luckey
(ADDRESS) Wheatland mo.

20. FILED Mar 7 1934 J.P. Luckey
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1934 to Feb 26 1934
 I last saw her alive on Feb 24 1934 Death is said to have occurred on the date stated above, at 4 p.m.
 The principal cause of death and related causes of importance were as follows:
Hypertension
Chr. Myocarditis
Bronch. Pneumonia

Name of operation Date of
 What test confirmed diagnosis? Cyan 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 J. L. Johnston M. D.
 (Signed) Wheatland mo
 (Address)

