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.

NOV 15 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Charles — Registration District No. 757 — File No. 37122
Township — Primary Registration District No. 3036 — Registered No. 174
City St Charles (No. 723 Clay St St. Ward)

2. FULL NAME Matilda Doyle
(a) Residence, No. 723 Clay St St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT 1 - 1867
7. AGE: YEARS 67 — MONTHS 1 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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): St Louis Mo

FATHER
13. NAME: Louis Doyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland Mo

MOTHER
15. MAIDEN NAME: Katherine Cashen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

17. INFORMANT (ADDRESS): Rose Doyle 723 Clay St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemty DATE Oct 19, 1934
19. UNDERTAKER (ADDRESS): Jos. J. Quinn 1389 Union Bl.
20. FILED Oct 17, 1934 Clarence E. Messler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to October 16, 1934
I last saw her alive on Oct 12, 1934. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial failure
93 D
R 3 D
R 0 B
J 1 B
93 D2

Date of onset

Other contributory causes of importance:
Hypertension -
Chronic colitis -
Pulmonary Edema -

Name of operation — Date of
What test confirmed diagnosis? — 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? No
If so, specify
(Signed) Vincent A. Schneider, M. D.
(Address) St. Charles Mo