

AUG 16 1935

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

Do not use this space.

22875

1. PLACE OF DEATH

County Howell Registration District No. 384
Township Howell Primary Registration District No. 5535
City West Plains, Mo. (No., St. Ward)

2. FULL NAME Lewis Marcus Dooley.

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF, X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 9 hrs. or X min.

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.
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) Howell Co Mo13. NAME James Edward Dooley.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell County, Mo.15. MAIDEN NAME Lilly M. Carpenter.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Missouri.17. INFORMANT James Edward Dooley.
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Pottersville, Mo. DATE 7/19/35.19. UNDERTAKER None
(ADDRESS)20. FILED July 18 1935 Vida W Simons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 19 35.22. I HEREBY CERTIFY, That I attended deceased from 1:00 A.M. 7/18/35 19 35 to 2:00 A.M. 7/18/35 19 35

I last saw him alive on July 18, 19 35 Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cardiac failure (Heart valve failed to close.) Date of onset

Other contributory causes of importance:
Fever in Mother, undetermined.

Name of operation none Date of X
What test confirmed diagnosis? Clinical 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? No
If so, specify

(Signed) A. H. Humphreys, M. D.
(Address) West Plains, Mo.

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.

