

OCT 17 1935

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

Do not use this space.

28599

1. PLACE OF DEATH

County Audrain Registration District No. 24 File No.
Township Prairie Primary Registration District No. 4018 Registered No.
City Iadonia (No.) St. Ward)

2. FULL NAME Olie Stonewall Doyle

(a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Doyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26-1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 10 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tractor Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Alkis chalmers
10. Date deceased last worked at this occupation (month and year) Sept. 1935 11. Total time (years) spent in this occupation. 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co. Mo.13. NAME Zachariah Taylor Doyle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.15. MAIDEN NAME Etta Fritch16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT J. H. Doyle (ADDRESS) St. Louis Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Iadonia Mo. DATE Sept. 26 193519. UNDERTAKER W. S. Waters (ADDRESS) Vandalia Mo.20. FILED 9-25-1935 W. H. McCall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 193522. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to Sept. 24 1935I last saw him alive on Sept. 23 1935. Death is saidto have occurred on the date stated above, 12.30 P.M.

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

Acute Dilatation of Heart,
Died suddenly. Date of onset

Other contributor causes of importance:
Chronic Myocarditis Jan. 1935

Name of operation..... Date of.....
What test confirmed diagnosis Clinical 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) W. H. McCall, M. D.(Address) Iadonia 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.

