

DEC 21 1935

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

Do not use this space.

36908

1. PLACE OF DEATH

County Deming Registration District No. 65-1  
Township Little Prairie Primary Registration District No. 3-8-62  
City          No.          St.          Ward         

File No.           
Registered No. 10-0

2. FULL NAME

(a) Residence, No.          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 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) 4-16-1934

7. AGE YEARS 1 MONTHS 9 DAYS 28 If LESS than 1 day, hrs. or 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) Iron

13. NAME Frank Doyle

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

15. MAIDEN NAME Manda Doyle

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

17. INFORMANT (ADDRESS) Frank Doyle, 716 North 1st, Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Grave Cemetery 11-11-35

19. UNDERTAKER (ADDRESS) Caruthersville, Mo.

20. FILED Nov. 10, 1935 Ceda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-35

22. I HEREBY CERTIFY, That I attended deceased from 10/12, 1935, to 11/9, 1935. I last saw her alive on 11/9, 1935. Death is said to have occurred on the date stated above, at 6 m.

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

Nephritis, acute Date of onset         

Other contributory causes of importance         

Name of operation          Date of           
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.         

Nature of injury         

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

(Signed) Edw. P. Pappas M. D.  
(Address) Caruthersville, 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.

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PHYSICIANS should be aware of the following information about the use of this product.

It should be used only as directed. Do not use if you are pregnant or nursing.

ALL INFORMATION OBTAINED  
HEREFROM IS UNCLASSIFIED  
DATE 11-18-2010 BY 60322 UCBAW/STP  
FOR MUST BE WRITTEN ON  
DO NOT USE THIS SPACE.

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

1. PLACE OF DEATH

County Pemiscot  
Township Little Prairie  
City (No. ....) .....

Registration District No. 651  
Primary Registration District No. 5862

File No. ....  
Registered No. 150  
St. .... Ward

2. FULL NAME

Villie Dee Hoyle

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>1</u>	MONTHS <u>9</u>	DAYS <u>23</u>
		IF LESS than 1 day, .... hrs. or .... min.

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Jan 18 1936 Ceda Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-36

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

nephritis acute Date of onset

Other contributory causes of importance:  
Mal Nutrition  
no further information

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? ..... (S. ecify 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  
(Signed) E. H. Shippe M. D.  
(Address) Cauthersville mo

SUPPLEMENTAL

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.

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