

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

Do not use this space.

APR 25 1936

1. PLACE OF BIRTH

County DeKalb
Township Camden
City Amity (No.)

Registration District No. 259
Primary Registration District No. 4136

File No. 9977
Registered No.
St. Ward)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Jane McDoyle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr - 11 - 1850</u>		
7. AGE <u>85</u>	YEARS <u>10</u>	MONTHS <u>28</u>
		DAYS <u>28</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as sign painter, sawyer, bookkeeper, etc. <u>Retired Farmer</u>
	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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>Mathew M. Doyle</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Mary Watt</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>

17. INFORMANT (ADDRESS) <u>Mrs Fred Sparks Amity Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amity</u> DATE <u>Mar 10</u> 19 <u>36</u>

19. UNDERTAKER (ADDRESS) <u>St. E. Lyon</u>

20. FILED <u>March 10 - 1936</u> <u>Mrs. Hattie Gibson</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9 1936 to March 9 1936
I last saw him alive on March 9 1936. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Influenza
Chronic Myocarditis
93

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) Dr. Zack A. Barnes
(Address) Mayfield, Mo., DeKalb Co.

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.

