

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

Do not use this space.

APR 26 1937

13152

1. PLACE OF DEATH

County Ray  
Township Crooked River  
City (No. ....) .....

Registration District No. 740  
Primary Registration District No. ....

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

2. FULL NAME

Arbelle Dorman Dooly

(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. 69. mos. 1 ds. 16 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Geo. M. Dooly Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 1 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. as housewife

10. Date deceased last worked at this occupation (month and year) March 1, 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Central Mercer County Mo.

13. NAME William Dorman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jillmoir Springfield Ill.

15. MAIDEN NAME Mary Dorman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer County Mo.

17. INFORMANT (ADDRESS) Mrs. Elsie Russell

18. BURIAL, CREMATION, OR REMOVAL PLACE Resty Cemetery DATE March 14 1937

19. UNDERTAKER (ADDRESS) John G. Detch

20. FILED Mar 17 1937 R. L. Wilford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1937

22. I HEREBY CERTIFY, that I attended deceased from Sept 12 1936 to Mar 12 1937

I last saw her alive on March 12 1937 Death is said to have occurred on the date stated above, at 10 m.

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

Oedema of Lung Labor Pneumonia Diph

Other contributory causes of importance: Chronic Nephritis Preceded to Sept 14 36

Medial Infection

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 C. L. Woolsey (Signed) ....., M. D.

(Address) Bryans 420

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.

Dr. W. H. Holmes  
c. 1870  
Baltimore