AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 4 11 — File No. 27491
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. Freeman Hospital St. Ward)

2. FULL NAME Donna Jean Doyle
(a) Residence, No. 2025 Nashville Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49 7 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1935
7. AGE YEARS 1 MONTHS 7 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Joplin Mo
FATHER
13. NAME Ed Doyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
MOTHER
15. MAIDEN NAME Ruth Elam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
17. INFORMANT (ADDRESS) Ed Doyle Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE Jul 17-37
19. UNDERTAKER (ADDRESS) Kuhlmann Mo Co Joplin Mo
20. FILED 7-17 1937 Ed B James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul 16 1937
22. I HEREBY CERTIFY, That I attended deceased from July 16 - 4:30 AM, 1937, to July 16 - 12:30 AM, 1937
I last saw her alive on July 16, 1937. Death is said to have occurred on the date stated above, at 12 m. 30 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Broncho)	July 15-37
Pertussis	June 15-37

Other contributory causes of importance: 9

Name of operation — Date of —
What test confirmed diagnosis? White count 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? —
If so, specify —
(Signed) M. Carter Davis, M. D.
(Address) 204 Fusco Bldg. Joplin Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.
V. S. No. 2
30M-40-22-36
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