

NOV 19 1937

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

Do not use this space.

38154

1. PLACE OF DEATH

County Mason  
Township  
City Bevier (No. .... St. .... Ward)

Registration District No. 5274313  
Primary Registration District No. 5703

File No. ....  
Registered No. ....

2. FULL NAME

Catherine Elizabeth Dooley

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hawey Dooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
86. 11 9.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home.  
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) Morse Co. (STATE OR COUNTRY) Mo.

13. NAME John Anderson

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

15. MAIDEN NAME Gilman

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

17. INFORMANT Sam Cooley (ADDRESS) Bevier Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bevier Mo DATE Oct 13 1937

19. UNDERTAKER Wilson & Son (ADDRESS) Bevier city Mo.

20. FILED Oct 10 1937 Edw. Thompson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937, to Oct 9 1937

I last saw h. W alive on Oct 9 1937 Death is said to have occurred on the date stated above, at 9 P. m.

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

Cardio Vascular disease

Other contributory causes of importance: 95B2

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) J. P. Governor M. D.  
(Address) Mason 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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