

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

Do not use this space.

2261

1. PLACE OF DEATH

County Camden Registration District No. 117
Township Oaks Primary Registration District No. 5167
City Camden (No. _____) St. _____ Ward _____

File No. 9
Registered No. _____

2. FULL NAME

Andrew Jackson Doyle 400
(a) Residence, No. _____ St. _____ Ward. Eagle Colorado
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1/2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lettie Doyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?-?-1889

7. AGE YEARS 48 MONTHS ? DAYS ? If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
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) Ellison Mo

FATHER 13. NAME Andrew Jackson Doyle

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

MOTHER 15. MAIDEN NAME Lettie Barnahan

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

17. INFORMANT Robert Williams (ADDRESS) Camden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Ca DATE Dec -31-1937

19. UNDERTAKER Barnham Woolery (ADDRESS) Camden Mo

20. FILED Feb 10 1938 Lizzie Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937 to Dec 31 1937

I last saw him alive on Dec 30 1937. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Tuberculosis, Pulmonary Date of onset 1935

Other contributory causes of importance: _____

RECEIVED

Name of operating _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (accident, etc.), 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) SW Connor M. D.
(Address) Camden 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.

