

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.

REC'D JUN 9 1938

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

17697  
Do not use this space.

1. PLACE OF DEATH *Boone* <sup>2</sup>

(a) County *Boone* Registration District No. *73*

(b) Township *Columbia* Primary Registration District No. *3006* Registered No. *132*

(c) City *Columbia* (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *LAWRENCE DOYLE 400*

(a) Residence, No. *5 50-1ST* St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Male* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-8-1899*

7. AGE YEARS <i>38</i>	MONTHS <i>9</i>	DAYS <i>21</i>	IF LESS than 1 day, .....hrs. or .....min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Truck Driver*

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

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) *Boone County Missouri*

FATHER: 13. NAME *Silas Doyle* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

MOTHER: 15. MAIDEN NAME *Don't know* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) *Myrtle Doyle Columbia Missouri*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Log Providence* DATE *6-1-1938*

19. FUNERAL DIRECTOR (ADDRESS) *Stuart P. Parker Columbia Missouri*

20. FILED *6/1/1938* *Allie Selby* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 29, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *April 9, 1938*, to *May 29, 1938*

I last saw him alive on *May 28, 1938*. Death is said to have occurred on the date stated above, at *9:30 a.m.*

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

*Mitral Insufficiency*

Other contributory causes of importance: *92 W<sup>o</sup>*

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *O. A. Minor*, M. D.

*Columbia Mo*

74 (Address) \_\_\_\_\_

STATEMENT BY LICENSED EMBALMER

I, Stuart P. Parker, Licensed Embalmer No. 2900

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Stuart P. Parker

Licensed Embalmer No. 2900

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**