REC'D JUL 25 1938

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

Do not use this space.

22740

File No.
Registered No. 126

1. PLACE OF DEATH
County Randolph
Township
City Moberly (No. Woodland Hospital St. Ward)

Registration District No. 735
Primary Registration District No. 3034

2. FULL NAME Robert O. Doyle
(a) Residence, No. 600 Cleveland 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. 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 Nannie Doyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30th, 1875

7. AGE: Years 63 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Faesler Mfg. Co.
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) Mo.

FATHER
13. NAME John M. Doyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER
15. MAIDEN NAME Mary Featherston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT Mrs. Nannie Doyle
(ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Madison, Mo. DATE 6-28-38 19

19. UNDERTAKER Mahan and Son
(ADDRESS) Moberly, Mo.

20. FILED June 26 1938 Ethel Streeter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1938, to June 26, 1938
I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 6:35 a.m.
The principal cause of death and related causes of importance were as follows:

Acute suppurative appendicitis with abscess formation

Date of onset: 8 Second day

Other contributory causes of importance: 121

Name of operation Abscess drained Date of June 19
What test confirmed diagnosis? Operation. 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 No
(Signed) R. D. Streeter, M. D.
(Address) Moberly, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. FORM NO. 2
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