

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1003**

9019  
Do not use this space.  
2784

REC'D APR 12 1939

1. PLACE OF DEATH

(a) County ..... Registration District No. ....

(b) Township ..... Primary Registration District No. .... Registered No. ....

(c) City ..... (d) Street No. 5469 Claxton Ave. ..... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME 400 Martin J. Dooley

(a) Residence, No. 5469 Claxton Ave. St. 7  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 Mary Dooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 11 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. R.R. Special Agent.

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) Cincinnati, Ohio,

13. NAME James Dooley 1  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5  
15. MAIDEN NAME Ann Fitzpatrick 5  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT Mary A. Dooley  
(ADDRESS) 5469 Claxton Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE 3/25/39, 19...

19. FUNERAL DIRECTOR (NAME) W. A. Stock Und. Co  
(ADDRESS) 2117 E. Grand Blvd.

20. FILED APR 24 1939 J. D. [Signature]  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1936, to 3-22, 1939

I last saw him alive on 3-22, 1939. Death is said to have occurred on the date stated above, at 11:57 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chx endocarditis  
Chx. interstitial nephritis  
arterial hypertension

Date of onset

Other contributory causes of importance:  
Chx. interstitial nephritis

Name of operation ..... Date of .....  
What test confirmed diagnosis? Exam 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) [Signature] M. D.  
(Address) 5074 N. [Address]

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.)**

**If this body is not embalmed, above space should be left blank.**