

DEC'D MAY 12 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County *Butler*Registration District No. *89*

Township

Primary Registration District No. *3007*City *Joplin Bluff*

St.

Ward

2. FULL NAME *400 Maggie Doyle*

(a) Residence, No.

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 *M*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 *P.R. Doyle*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 9 1890*

7. AGE

YEARS *48*MONTHS *6*DAYS *17*

If LESS than 1 day, .....hrs. or .....min.

OCCUPATION

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

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) *unk 9*13. NAME *L.W. Davis*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark. 1*15. MAIDEN NAME *Sarah Barnes*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark. 1*17. INFORMANT (ADDRESS) *P.R. Doyle*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Culmin*DATE *April 27 39*19. UNDERTAKER (ADDRESS) *Landon & Son Campbell, Mo.*20. FILED *4/30 1939**Obertinger*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April - 26, 1939*

22. I HEREBY CERTIFY, That I attended deceased from

*3-22, 1939, to 4-26, 1939*I last saw him..... alive on *4-25, 1939*. Death is saidto have occurred on the date stated above, at *6:15 a.m.*

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

*3rd degree burn on face  
shut arm & leg.  
about 1/2 body surface burned*Date of onset *3-22-39*

Other contributory causes of importance:

*Myeloma*Name of operation *none* Date of *not*What test confirmed diagnosis? *Cholesterol* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *accident* Date of injury *3-22, 1939*Where did injury occur? *his home, Culmin, Mo.*  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

*In home*Manner of injury *scalded by hot fire*Nature of injury *Burns*24. Was disease or injury in any way related to occupation of deceased? *no*If so, specify *the one killed by fire in workshop*(Signed) *M. H. Bennett*, M. D.(Address) *Joplin Bluff*

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

1-20814

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.

