

REC'D MAY 22 1939

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

15867
Do not use this space.

1. PLACE OF DEATH
(a) County Putnam Registration District No. 718
(b) Township _____ Primary Registration District No. 6430 Registered No. 16
(c) City Unionville (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 450 Fannie Doyle
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Doyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17-1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90 1 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) April 1939 11. Total time (years) spent in this occupation all
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Iowa
13. NAME Aquilla Conway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville Kentucky
15. MAIDEN NAME Margaret Barr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville Kentucky
17. INFORMANT (ADDRESS) Robert Doyle Unionville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE April 16 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll H. H. Co Unionville Mo
20. FILED _____ 19 _____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1939
22. I HEREBY CERTIFY, That I attended deceased from April 4 1939 to April 14 1939
I last saw her alive on April 14 1939 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia
bronchial
arteriosclerosis
Date of onset 4/4/39
Other contributory causes of importance:
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? no
If so, specify _____
(Signed) J. W. Sullivan M.D.
Unionville Mo (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

RECEIVED

District Health Officer No. 10

District File Number 10-39-400

Date Filed MAY 3 1939

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

James W. Constock

Registered Apprentice No. 132, working under my personal supervision.

Signed

John N. Constock

Licensed Embalmer No. 3891

P. O. Address Thionville, Mo.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15867
Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 218
(b) Township Primary Registration District No. 6430 Registered No.
(c) City Unionville (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

Fannie Doyle
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Doyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 90 1 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) Apr 19 32 11. Total time (years) spent in this occupation all
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Iowa
13. NAME Aquella Conaway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky
15. MAIDEN NAME Margaret Barr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky
17. INFORMANT (ADDRESS) Robert Doyle Unionville mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Apr 16 1939
19. FUNERAL DIRECTOR (ADDRESS) Conyers mort Co Unionville mo
20. FILED April 16, 1939 J. W. Gillum Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1939
22. I HEREBY CERTIFY, That I attended deceased from April 4 1939 to April 14 1939 I last saw her alive on April 14 1939. Death is said to have occurred on the date stated above, at 4:30 p.m. The principal cause of death and related causes of importance were as follows:
Pneumonia
Date of onset 7/4/39
Other contributory causes of importance: Atherosclerosis
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? No. If so, specify _____ (Signed) J. W. Gillum, M. D. (Address) Unionville mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

