

REC'D SEP 14 1939

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

29031  
Do not use this space.**1. PLACE OF DEATH**

(a) County DOUGLAS Registration District No. 280  
 (b) Township CLAY Primary Registration District No. 5390  
 or  
 (c) City..... (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. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4**2. PRINT FULL NAME** HON. RONALD D. DOYEL

(a) Residence, No. MACOMB MO. 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 M 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHILD.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 10 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....  
 9. Industry or business in which work was done, as 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) DETROIT (STATE OR COUNTRY) MICHIGANFATHER 13. NAME LOUIST. DOYEL14. BIRTHPLACE (CITY OR TOWN) MACOMB (STATE OR COUNTRY) MO.MOTHER 15. MAIDEN NAME ROTH PUGH16. BIRTHPLACE (CITY OR TOWN) TAFT. (STATE OR COUNTRY) CALIFORNIA17. INFORMANT LOUIST DOYEL (ADDRESS) MACOMB MO18. BURIAL, CREMATION, OR REMOVAL PLACE MACOMB Cem DATE AUG 7, 193919. FUNERAL DIRECTOR (NAME) EA. STEFFER (ADDRESS) MANSEFIELD MO20. FILED Aug 10, 1939 Mrs. Edith Hopewell Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG - 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1939, to Aug 6, 1939  
 I last saw him alive on Aug 6, 1939. Death is said to have occurred on the date stated above, at 1 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cholera infantumDate of onset Aug 7, 1939

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?.....  
 If so, specify..... (Signed) J. J. Frazier, M. D.  
Manufact

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.

RECEIVED

District Health Officer No. 6,

District File Number 939-1875

Date Filed SEP 12 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 not.....

..... Registered Apprentice No. ....

working under my personal supervision.

Signed F. R. Steffe.....

..... Licensed Embalmer No. 3221.....

..... P. O. Address .....  
A B C W A R

**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.