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.

REC'D SEP 21 1939

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

29738
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe — Registration District No. 579
(b) Township — Primary Registration District No. 4340 — Registered No.
(c) City Holliday — (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. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 480 LILLIE E. DOOLEY
(a) Residence, No. Monroe Co., Mo. St. ☐ Monroe Co., Mo.
(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sidney Dooley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 1, 1870
7. AGE: YEARS 69 — MONTHS 4 — DAYS 17 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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.
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): Goss Mo. 0

FATHER
13. NAME: Thos. Bird 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

MOTHER
15. MAIDEN NAME: Nancy Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Emmett Dooley, Goss, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Stoutsville, Mo. DATE: July 20, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Speed & Blakey, Paris, Mo.
20. FILED 7/18, 1939 — Mrs. Eva Hingen, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939, to July 18, 1939
I last saw her alive on July 17, 1939. Death is said to have occurred on the date stated above, at 1:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Chronic myocarditis with cardiac decompensation	D.K.
93C	
Other contributory causes of importance: 2) Rt. hemiplegia	7-16-39

Name of operation: None — 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? No — 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: None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. A. Barnett, M. D.
512 (Address) Paris, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-39-1646
Date Filed SEP 14 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 .....

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

Signed W. G. Blakey

Licensed Embalmer No. 12616

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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