

Registration District No. **27**

Primary Registration District No. **5312**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Clifton City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **2.5 years** (Specify whether years, months or days) **400**

8. (a) PRINT FULL NAME **William Alexander Doyle**

8. (b) If veteran, name war 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alice M. Doyle** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Feb. 29 1865**
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Franklin County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Daniel Doyle**

13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hallip**

15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. A. Doyle**

(b) Address **Clifton City, Mo.**

17. (a) **Burial** (b) Date thereof **4-24-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem Cemetery**

18. (a) Signature of funeral director **L. F. Parker**

(b) Address **Otterville, Mo.**

19. (a) **5-5-1940** (b) **Math Eagle 199**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**
(c) City or town **Clifton City**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**
year **1940** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan 1936**
to April 21, 1940,
that I last saw him alive on **April 16, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertension** **12 yrs**
Duration

Due to **Chronic Nephritis**

Due to **Cupured Blood vessel**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: **121**

Of autopsy:

PHYSICIAN

Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence _____

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) _____
(c) Means of injury _____

23. Signature **Wm. A. Doyle** (M. D. or other) **1940**

Address **Otterville** Date signed **4/27/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
39
1492

7

FILED MAY 23 1940

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.....

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

Signed *Lucius F. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Otterville, 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.