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7-39  
X23159

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 4230

Registrar's No. 32

FILED APR 21 1941

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Roselle  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME William Riley Doggett

3. (b) If veteran, name war none

3. (c) Social Security No. none

1941 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1940 hour 8 minute \_\_\_\_\_ P. M.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 31, 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 24, 1941, to March 28, 1941 that I last saw him alive on March 28, 1941 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death pneumonia, lobar

Duration 48 hrs.

Due to accident causing fractures of rt. arm, rt. leg, 3 ribs on rt. side, skull.

9. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

Other conditions 1700  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name William Doggett

13. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cash

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Marvin Rohan

(b) Address Silver Mines Mo.

17. (a) burial (b) Date thereof March 30  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roselle Mo.

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

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

(b) Date of occurrence March 24, 1941

18. (a) Signature of funeral director Norman White & Sons

(b) Address R. S. White Ironton Mo. Calhoun

19. (a) April 1-41 (b) Julia A. Huntington  
(Date received local registrar) (Registrar's signature)

(c) Where did injury occur? Fredericktown Madison Mo.  
(City or town) (County) (State)

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

While at work? No (Specify type of place) \_\_\_\_\_

(e) Means of injury struck by auto

23. Signature George Gay (M. D. or other) M. D.  
Address Ironton, Mo. Date signed 3-31-41

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**