

FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34196

State File No.

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrain Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 days
In this community 5 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrain
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Elizabeth Doyle

3. (b) If veteran,

name war WA

3. (c) Social Security

No. WA 122

4. Sex Female

5. Color or race _____

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

6. (b) Name of husband or wife Harvey A. Doyle

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

7. Birth date of deceased July 18 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>2</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace

New Harmony Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Housekeeper

11. Industry or business

MOTHER FATHER

12. Name William Gannaway

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Russell

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

16. (a) Informant

Mrs. Ada Carver

(b) Address

Vandalia Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Sept. 27 41
(Month) (Day) (Year)

(c) Place: burial or cremation

Vandalia

18. (a) Signature of funeral director

W. S. Waters

(b) Address

Vandalia Missouri

19. (a) Sept 25 1941

(Date received local registrar)

(b) Blauche Neely
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1941 hour 4:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 20 1941 to Sept 25 1941
that I last saw her alive on Sept 20 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Duration _____

Due to adhesions, intestinal

Due to _____

Other conditions (Include pregnancy within 3 months of death) 120 lbs

Major findings:

Of operations NO operation

Of autopsy none

PHYSICIAN

Underline 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) no
(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? no

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

23. Signature H. C. Brasher (M. D. or other M.D.)
Address Mexico, MO Date signed 9/26/41

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

AUG 24 1950

RECEIVED

District Health Officer No. 10

District File Number 10-41-1923

Date Filed OCT 24 1941

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 Wm B. Waters

Licensed Embalmer No. 4169

P. O. Address Vanburen, 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, fact should be so stated above.