

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

Do not use this space.

16481

1. PLACE OF DEATH

County Henry
 Township Clinton
 City Clinton (No. _____)

Registration District No. 347
 Primary Registration District No. 3618

File No. _____
 Registered No. 62
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Minnie Dooley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Dooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-23-1869

7. AGE YEARS 64 MONTHS 10 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, 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) Lepesee Ridge Ohio

13. NAME J. W. Forsythe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah Forsythe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Lawrence Dooley Madison, Wisconsin

18. BURIAL, CREMATION OR REMOVAL PLACE Englewood DATE 5-25-34

19. UNDERTAKER (ADDRESS) St. Ann's Funeral Home Clinton

20. FILED 5-24 1934 J. R. Hampton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23rd 1934

22. I HEREBY CERTIFY, that I attended deceased from May 23rd 1934 to May 23rd 1934
 I last saw him alive on May 23rd 1934 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

She sustained injury to her back. This was followed by pneumonia. A fatal injury was inflicted and death resulted therefrom.

Other contributory causes of importance: She had suffered from asthma for three years. Was found delirious.

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 1934

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 ✓

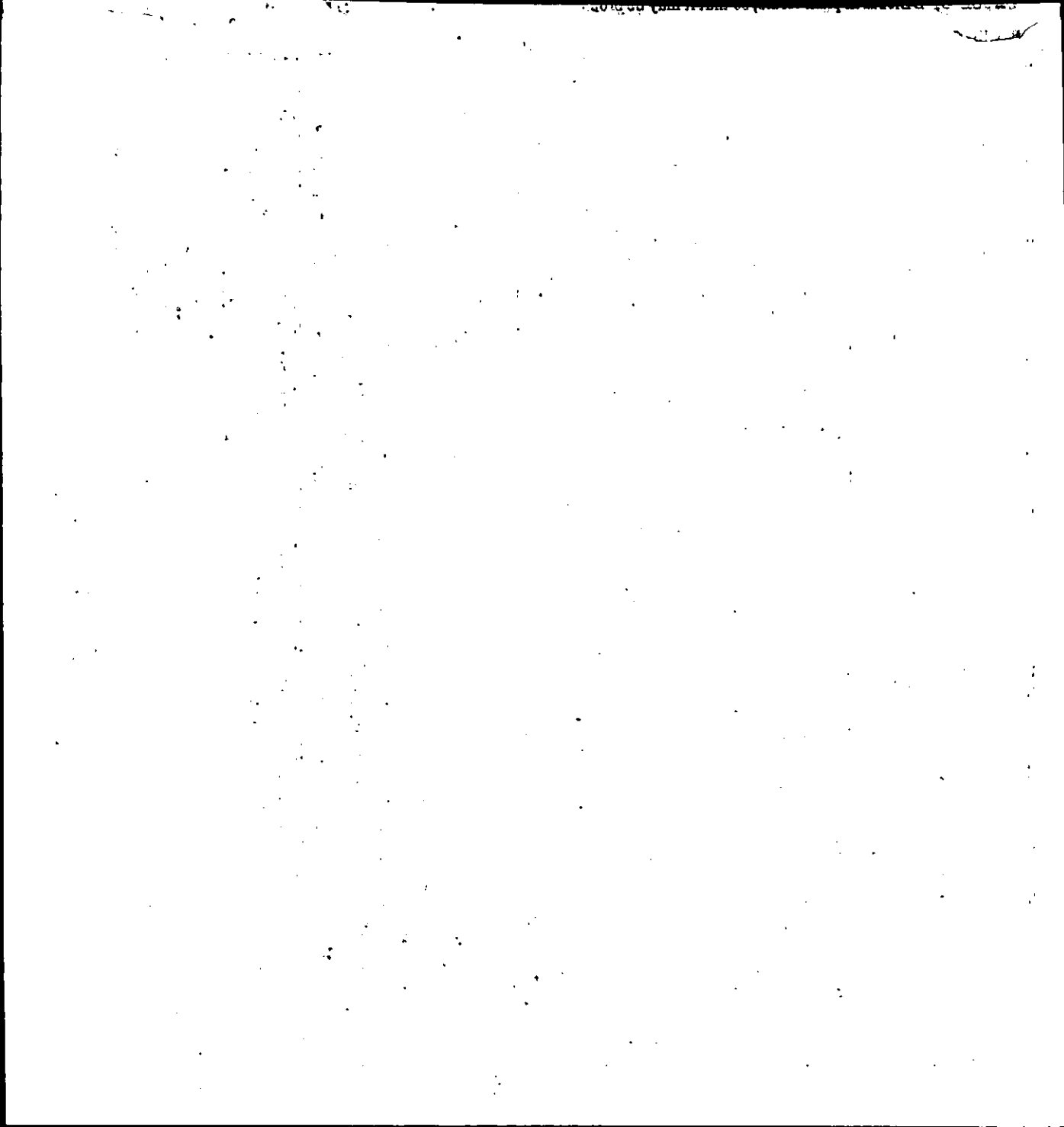
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
 (Signed) Laura C. Herrie (Address) Clinton Mo.

JUN 21 1934

Exact statement of OCCUPATION is very important. Do not use this space.

No State license 272



#2 *Henry Clinton*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaughlin, M. D.,
Special Agent,
Jefferson City, Mo.

16481

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Minnie Dooley
Who died at _____ on May 23, 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 64 Months 10 Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

Date deceased last worked at this occupation: Month May 9 Year 1934

Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: Injury to back followed by pneumonia (etc) started back lifting stone rotating 12 dorsal 1-2-3 lumbar vertebra causing vertebral paralysis to lower extremities.

Other contributory causes of importance Pneumonia-Myocarditis-Stroke
Name of operation _____ Date of ophthalmic _____

What test confirmed diagnosis? none Was there an autopsy? none

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 _____

Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

Name of physician Rauca C. Harris, D.O.

Address of physician 133 1/2 W. Franklin St. Clinton Mo.

Signature of Registrar J. R. Hampton 8-24-34 Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McLaughlin
Special Agent.

Reg. Dist. No. 347

Primary Reg. Dist. No. 3018

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