

SEP 17 1934

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

Do not use this space.

## 1. PLACE OF DEATH

53

County Laclede  
Township Lassonde  
City (No. ....) Ward (.....)

Registration District No. 453  
Primary Registration District No. 5619

File No. 29868Registered No. 10

## 2. FULL NAME

Lucinda Doyel

(a) Residence, No. .... 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.

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>John Henry Doyel</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Sept 10. 1850</u>                         |                                  |   |
| 7. AGE  | YEARS<br><u>83</u>               | MONTHS<br><u>10</u>   |
|   | DAYS<br><u>26</u>                | IF LESS than 1 day, ..... hrs. or ..... min.                                |

|            |   |  |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housewife</u> | 11. Total time (year) spent in this occupation<br><u>Wife.</u> |
|            | 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)   |  |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) maries Co mo13. NAME Geo. Martin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) maries Co mo15. MAIDEN NAME Frances Adkison16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) maries Co. mo.17. INFORMANT F. J. Doyel (ADDRESS) Hanna. mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Blountland. mo. DATE Aug 7 193419. UNDERTAKER none (ADDRESS)20. FILED Aug. 14 1934 E. R. Nelson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 - 1934 to Aug 6 - 1934  
I first saw deceased on Aug 6 1934. Death is said to have occurred on the date stated above, at 4 P. m.

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

Old age

Date of onset

Other contributory causes of importance:

Old ageName of operation none Date of .....What test confirmed diagnosis? ..... Was there an autopsy? no

23. 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 .....

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Overt A. Oliver, M. D.(Signed) Overt A. Oliver, M. D.(Address) Richland. mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

