

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.

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

Do not use this space.

JUL 22 1935

19543

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3515

File No. 92
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John R Doyle
(a) Residence, No. 216 South 3rd 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margie Doyle

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1935, to _____, 19____
I last saw him alive on 6-8, 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1846

to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 88 MONTHS 10 DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.

Coronary Thrombosis Date of onset 6-8-35

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

Other contributory causes of importance
Chronic

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Tenn.

FATHER 13. NAME Merrill Doyle

Name of operation _____ Date of _____
What test confirmed diagnosis Chronic Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

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.

MOTHER 15. MAIDEN NAME Mahala Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Ed C Peeler

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE England DATE 6/8 1935

19. UNDERTAKER (ADDRESS) Consoling & Peeler

24. Was disease or injury in any way related to occupation of deceased no
If so, specify _____
(Signed) Ed. C. Peeler, M. D.
(Address) Clinton Mo

20. FILED 7-25, 1935 J. H. Hampton Registrar

