

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.

APR 26 1937

13152

1. PLACE OF DEATH

County *Ray*  
Township *Crooked River*  
City (No. ....) St. .... Ward)

Registration District No. *740*  
Primary Registration District No. *5715*

File No. ....  
Registered No. ....

2. FULL NAME

*Arbelle Dorman Dooly*

(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. *69* mos. *1* ds. *16* How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <i>Geo. M. Dooly Deceased</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 24 - 1868</i>		
7. AGE	YEARS	MONTHS
<i>69</i>	<i>69</i>	<i>1</i>
		DAYS
		<i>16</i>
		If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>as housewife</i>	
	10. Date deceased last worked at this occupation (month and year) <i>March 17, 1936</i>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Carroll Mercer County Mo.</i>		
13. NAME <i>William Dorman</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois Springfield Ill.</i>		
15. MAIDEN NAME <i>Mary Dorman</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Merced County Mo.</i>		
17. INFORMANT (ADDRESS) <i>Mrs. Elsie Russell</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Resty Cemetery</i> DATE <i>March 14</i> 1937		
19. UNDERTAKER (ADDRESS) <i>John G. Detch</i> <i>1404 N. 1st St. Mo.</i>		
20. FILED <i>Mar. 17</i> 1937 <i>R. L. Wilford</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 12* 1937

22. I HEREBY CERTIFY, that I attended deceased from *Sept 12* 1936 to *Mar 12* 1937

I last saw h. *er* alive on *March 12* 1937 Death is said to have occurred on the date stated above, at *10* m.

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

*Edema of Lungs* Date of onset *3/11/37*

*Lobar Pneumonia* *3/4/37*

*Siph*

Other contributory causes of importance:  
*Chronic Nephritis* *Preced*  
*Medicinal Injuring* *To Sept 1936*

Name of operation ..... Date of .....

What test confirmed diagnosis?  Was there an autopsy?

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? *No*  
If so, specify *E. L. Woolsey*, M. D.  
(Signed) *E. L. Woolsey*  
(Address) *Bryant 420*

Dr. W. H. C. Williams  
C. F. Williams