

REC'D MAR 15 1938

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

1. PLACE OF DEATH 2

17 County Carroll Registration District No. 135 File No. 6359

3 Township ..... Primary Registration District No. 3010 Registered No. 21

City Carrollton (No. ....) St. .... Ward)

2. FULL NAME Emma Lucille Dooley 400

(a) Residence, No. .... Ward. .... (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1932

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

5 3 24

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

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) Mar. 13 - 38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norborne, Mo. Carroll County

13. NAME Emma Dooley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norborne, Mo. Carroll County

15. MAIDEN NAME Louise Dooley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norborne, Mo. Carroll County

17. INFORMANT (ADDRESS) Emma Dooley Norborne, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Norborne DATE Feb. 27 1938

19. UNDERTAKER (ADDRESS) John G. Drutch Norborne, Mo.

20. FILED 2-19 1938 Juth Haskins Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1938, to 2-18, 1938

I last saw her alive on Feb 18, 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Osteomyelitis proximal end right femur - streptococcus 2-14-38  
Streptococcus pyogenes 2-16-38

Other contributory causes of importance: 154-

Name of operation Osteotomy Date of 2-17-38

What test confirmed diagnosis? Pus, Staph. 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 0, 1938

Where did injury occur? 0 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Argem L. Baley, M. D.

(Signed) Argem L. Baley, M. D.

(Address) Norborne, Mo.

