

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

Do not use this space.

33205

1. PLACE OF DEATH

County Carrroll
Township Carrleton
City Carrleton (No.) St. Ward)

Registration District No. 135
Primary Registration District No. 3010

File No.
Registered No. 111

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J. N. Dooley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-10-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 4 -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chair Co
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER M. P. Dooley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Miles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

14. INFORMANT Mrs J. N. Dooley
(Address) Carrleton Mo

15. FILED 7/11 1929 Mrs E. S. P. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1929

17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... that I last saw h... alive on 19... and that death occurred, on the date stated above, at 50 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A apoplexy
CONTRIBUTORY (SECONDARY) 74001
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Corrin
(Signed) E. Dickerson M.D.
10-11, 1929 (Address) Bogard Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery DATE OF BURIAL 10/14 1929

20. UNDERTAKER Wells Bros ADDRESS Carrleton Mo

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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PARENTS

M.D.

