

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

Do not use this space.

18522

File No. \_\_\_\_\_  
Registered No. 12,  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Wayne Registration District No. 891  
Township Benton Primary Registration District No. 4540  
City Piedmont, (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ila Arline Doolin,

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-1932

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

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1932, to 5-4-1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/1/1932

I last saw her alive on 5-4-1932, 1932 Death is said to have occurred on the date stated above, at 5 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

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

Primitive Birth. Date of onset

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

157 / 157  
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, /

13. NAME Oscar Doolin,

Name of operation None Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Virginia Cotner,

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

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

17. INFORMANT OSCAR DOOLIN, (ADDRESS) PIEDMONT

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Ring's Creek DATE 5/5 1932

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

19. UNDERTAKER Yates & Sons, Co (ADDRESS) Piedmont

(Signed) C. S. Jones, M. D.

20. FILED 5/25 1932, A. J. Jones, M. D. Registrar.

(Address) Piedmont, Mo.

Exact statement of OCCUPATION IS VERY IMPORTANT

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