

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO.

51-20708

BIRTH NO.

I. NAME William Carl Doyle 2. DATE OF DEATH Sept. 11, 19513. COLOR OR RACE White 4. SEX Male 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 6. DATE OF BIRTH July 30, 1912 7. AGE (IN YEARS LAST BIRTHDAY) 39 8. IF UNDER 1 YR. MONTHS 0 DAYS 0 9. IF UNDER 24 HRS. HOURS 0 MINS. 0B. PLACE OF DEATH A. COUNTY Knox B. CIVIL DISTRICT MIAMI D. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) Knoxville, Tenn.A. COUNTY Knox B. CIVIL DISTRICT MIAMI D. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) Knoxville, Tenn.E. NAME OF HOSPITAL OR INSTITUTION Knoxville General E. STREET (IF RURAL, GIVE LOCATION) ADDRESS 3340 Miami10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Police 10B. KIND OF BUSINESS OR INDUSTRY City of Knoxville 11. SOCIAL SECURITY NUMBER 7-139-3612. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN NO IF YES, GIVE WAR AND DATES OF SERVICE U.S. 13. BIRTHPLACE (State or Foreign Country) Tenn. 14. CITIZEN OF WHAT COUNTRY? U.S.15. FATHER'S NAME H.G. Doyle 16. MOTHER'S MAIDEN NAME Croasse Hanley 17. INFORMANT ADDRESS Mrs. Ruby C. Doyle, Knoxville, Tenn.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Pulmonary embolism 410
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Myocardial stenosis
DUE TO (C) Chromosomal heart disease
2. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY No tissue21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Ho'd'g, etc.) 21C. PLACE RECEIVED RECEIVED CITY, TOWN OR RURAL COUNTY STATE21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW AND BY WHOM OCCURRED Oct 10 195122. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE CERTIFIED ABOVE SIGNATURE [Signature] M.D. OTHER (SPECIFY) [Signature] ADDRESS 514 W. Church DATE Sept. 11, 195123A. BURIAL, CREMATION, REMOVAL (SPECIFY) burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL Sept. 6, 1951 23C. NAME OF Cemetery or Crematory Unionrest 23D. LOCATION CITY, TOWN OR COUNTY STATE Knoxville, Tenn.24. FUNERAL DIRECTOR ADDRESS Rose Funeral Home, Knoxville, Tenn. 25. REGISTRATION DIST. NO. 24701 26. DATE SIGNED BY LOCAL REG. Sept. 13, 1951 27. REGISTRAR'S SIGNATURE Mary Chambers