

Doyle, Marie Wieghaus 1887 - 1918

Cincinnati Enquirer – October 23, 1918

Fireman's Wife Dies.—Mrs. Perry Doyle, 31 years old, wife of Captain Perry Doyle, of Engine House No. 1, died yesterday of bronchitis at the home of her parents, Mr. and Mrs. J. H. Wieghaus, 1311 Cutter street. She is survived by her parents, her husband and one daughter.

Cincinnati Enquirer – October 24, 1918

DOYLE—Marie Doyle (nee Weighaus), beloved wife of Perry Doyle, Tuesday, October 22, at 11:15 p. m., at residence, 1311 Cutter st. Funeral Friday, October 25, at 9 a. m. Burial private.

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PLACE OF DEATH		BUREAU OF VITAL STATISTICS	
County of <u>Hamilton</u>		CERTIFICATE OF DEATH	
Township of _____	Registration District No. <u>494</u>	File No. _____	
Village of _____	Primary Registration District No. <u>8227</u>	Registered No. <u>6551</u>	
City of <u>Cincinnati</u>	(No. <u>1311 Custer St.</u> St., _____ Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Marie Doyle</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/> <u>Married</u> (Write the word)	10 DATE OF DEATH <u>Oct. 22</u> , 191 <u>8</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>May 7</u> , 188 <u>7</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 20</u> , 191 <u>8</u> , to <u>Oct 22</u> , 191 <u>8</u> , that I last saw her alive on <u>Oct 22</u> , 191 <u>8</u> , and that death occurred, on the date stated above, at _____ m.	
7 AGE <u>31</u> yrs. <u>5</u> mos. <u>15</u> ds. of _____ min.?		The CAUSE OF DEATH* was as follows: <u>Broncho-Pneumonia following Influenza</u> (Duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		Contributory <u>Exhaustion</u> (Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Cincinnati</u>		(Signed) <u>W. J. Murray</u> M. D. <u>Oct 24</u> , 191 <u>8</u> (Address) <u>218 West 9th St.</u>	
PARENTS	10 NAME OF FATHER <u>John Henry Wieghaus</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	11 BIRTHPLACE OF FATHER (State or country) <u>U. S.</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	12 MAIDEN NAME OF MOTHER <u>Mary Elizabeth Wieghaus</u>	Where was disease contracted? If not at place of death? Former or usual residence _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>U. S.</u>		19 PLACE OF BURIAL OR REMOVAL <u>St. Joe New Am</u> DATE OF BURIAL <u>Oct 25</u> , 191 <u>8</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Nancy R. Lynn</u> (Address) <u>215 East 10th St.</u>		20 UNDERTAKER <u>John J. Lilligan</u> ADDRESS <u>8th and Broadway</u>	
15 OCT 25 1918 Filed _____ 191 <u>8</u> <u>Ernest E. Evans</u> Registrar			
11-3184			