

CHAPTER - 3C

ALVIN & HELEN (MCCAULEY) DOYLE FAMILY



Left: Picture Helen "McCauley" Doyle in 1928. Right: Helen McCauley & Alvin Doyle taken in St. Louis in 1935. Picture Lower left: Helen McCauley & Alvin Doyle around 1935.



Left: Alvin & Helen "McCauley" on their wedding day on May 18, 1937. Also shown are Helen's parents, John Edward (left) and Bridget (right). The couple were married in St. Patrick's Church in Corning.

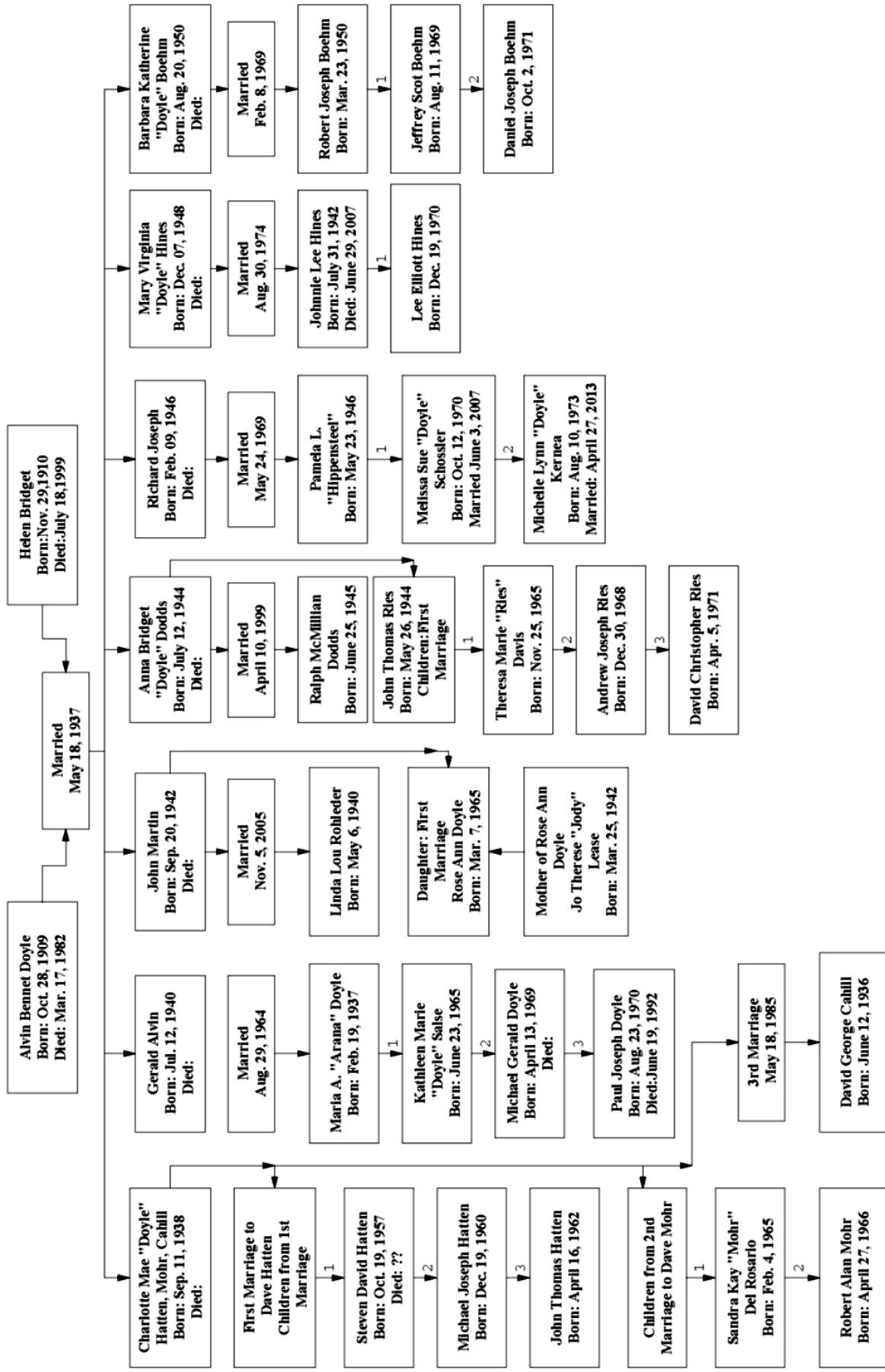


Above: Pictured was taken on May 18, 1937 of Helen "McCauley" and Alvin Doyle on their wedding day with the priest that married them Father Forest Strange.



Above: Alvin/Helen Doyle's Children: Jerry, Charlotte, Jack and Ann on Charlotte's Lap. Picture taken in 1945 at their home.

Descendants of Alvin & Helen "McCauley" Doyle





Above: Picture of Helen Doyle, Catherine Kavanaugh and Charlie McCauley at Helen's House in Indianapolis about 1953.



Above: Picture of Charlie & Evelyn McCauley, Alvin Doyle, Catherine & Louis Kavanaugh Sr. at Helen/Alvin Doyle's home in Indianapolis about 1953



Above: Picture front L-R, Richard, Alvin, Barbara, Helen, Mary Ann, back: Jack, Jerry, Charlotte, Ann. Picture taken in 1954.



Above: Picture front L-R: Charlotte, Helen, Alvin, Barbara, back: Richard, Mary Ann, Jack, Ann, Jerry. Picture taken in 1964.

Right: Picture (L-R) of Catherine Kavanaugh, her sister Helen Doyle and their sister in-law Evelyn McCauley. Picture taken around 1998. Helen died in 1999, Evelyn in 2000 and Catherine in 2007. Catherine and Helen always treated Evelyn more as a sister rather than a sister in-law.



Left: Pictured (2007) is the Alvin & Helen Doyle Family: Front (L-R): Richard, Jerry, Jack. Back (L-R): Mary, Charlotte, Ann, Barbara.

Right: Picture Front (L-R), Charlotte, Helen, Alvin, Barbara. Back (L-R): Richard, Mary, Jack, Ann, Jerry. Picture taken in 1981.



Below: The picture of Helen “McCauley” Doyle around 80 years of age. The Obituary was in the Indianapolis Star when she passed away on July 18, 1999.



HELEN B. McCAULEY DOYLE, 88, Greenwood, died July 18. She was a bookkeeper 20 years for J.S. Cruise Realty, retiring in 1972. Services: July 22 at 9:30 a.m. in Daniel F. O'Riley Funeral Home and 10 a.m. in St. Jude Catholic Church, of which she was a member. Calling: 2 to 8 p.m. July 21 in the funeral home. Burial: Calvary Cemetery. She was the widow of Alvin B. Doyle. Survivors: children Gerald, John M. "Jack," Richard Doyle, Charlotte Cahill, Ann Dodds, Mary Hines, Barbara Boehm; sister Catherine Kavanaugh; 17 grandchildren; 11 great-grandchildren.



Above: Pictured is the tombstone for Alvin & Helen “McCauley” Doyle who are buried in Calvary Cemetery on the south side of Indianapolis. Alvin & Helen had seven children, Charlotte, Jerry, Jack, Anne, Richard, Mary and Barb. They are buried in the southern part of the Cemetery. This is a flat stone that lays on the ground. Helen Doyle was the daughter of John E. and Bridget “Walsh” McCauley.

Death Certificate for Helen B. "McCauley" Doyle, Born: Nov. 29, 1910, Died July 18, 1999

*** ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 413

CERTIFICATE OF DEATH

State No. 024514

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

12cc

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First Middle Last) Helen B. Doyle		2 SEX Female	3a TIME OF DEATH 1:10 P.M.	3b DATE OF DEATH (Month, Day, Yr.) July 18, 1999	
5a AGE—Last Birthday (Years) 88		5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr.) Nov. 29, 1910	
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		7 BIRTHPLACE (City and State or Foreign Country) Montgomery, Indiana	
9a PLACE OF DEATH (Check only one See instructions.)		HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			
9b FACILITY NAME (If not institution, give street and number) Greenwood Village South		9c CITY, TOWN OR LOCATION OF DEATH Greenwood		9d COUNTY OF DEATH Johnson	
10 MARITAL STATUS (Specify) Widowed		11 SURVIVING SPOUSE (If wife, give maiden name) N/A		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bookkeeper	
12b KIND OF BUSINESS/INDUSTRY J.S. Cruise Realty		13a RESIDENCE—STATE Indiana			
13b COUNTY Johnson		13c CITY, TOWN OR LOCATION Greenwood		13d STREET AND NUMBER 295 Village Lane	
13e ZIP CODE 46143		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12		18 FATHER'S NAME (First, Middle, Last) John Edward McCauley			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Bridget Walsh		20a INFORMANT'S NAME (Type/Print) John M. Doyle			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 127 Painted Hills, Martinsville, IN 46151		20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 22, 1999 Calvary Cemetery		21c LOCATION—City or Town, State Indianapolis, IN	
22a EMBALMER'S NAME Shawn Gudat		22b EMBALMER'S LICENSE NO. 01006536		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Shawn Gudat</i>		24b LICENSE NUMBER (of Licensee) 01006536		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Daniel F. O'Riley Funeral Home 83003213 6107 S. East St., Indpls., IN 46227	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause for each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a <u>Aspiration pneumonia</u> DUE TO (OR AS A CONSEQUENCE OF)					
Conditions if any which gave rise to the immediate cause, stating the underlying cause last b _____ DUE TO (OR AS A CONSEQUENCE OF)					
c _____ DUE TO (OR AS A CONSEQUENCE OF)					
d _____ DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Daniel J. Hurley M.D.</i>		29c MEDICAL LICENSE NO. 01029180		29d DATE SIGNED (Month, Day, Year) 7-19-99	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel J. Hurley, M.D., 5144 E. Stop 11 Road, Indianapolis, IN 46237					
31 HEALTH OFFICER'S SIGNATURE <i>Clayton Moore M.D.</i>		32 DATE FILED (Month, Day, Year) 7-21-99			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1