WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

43148

Do not use this space.

1. PLACE OF DEATH
County Sullivan — Registration District No. 4517 — File No.
Township Bowman — Primary Registration District No. 851 — Registered No.
City Humphreys (No. , St. Ward)

2. FULL NAME Rosco Doolin

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-20-1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
46	6	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Farming.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humphreys Mo

FATHER
13. NAME T. J. Doolin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Anna Doolin Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Atha Doolin Humphreys Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Humphreys Mo DATE Dec 14 1931

19. UNDERTAKER (ADDRESS) O K Payne & Son Galt Mo.

20. FILED 12/13 1931 T A Street Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 12 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-12-, 1931, to 12-12-, 1931
I last saw him alive on not, 19 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aortic Aneurism (Sudden)	?
96	

Other contributory causes of importance: unknown

Name of operation none Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) U. C. Weston, M. D.
(Address) Galt, Mo.