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.

MAR 21 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan Registration District No. 85 File No. 3780
Township Washington Primary Registration District No. 1001 Registered No. 130
City St Joseph Mo (No. 2323 South 9th Street St. Ward)

2. FULL NAME Perry Doothman
(a) Residence, No. 2323 So. 9th 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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 1875
7. AGE YEARS 56 MONTHS 3 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common 237
10. Date deceased last worked at this occupation (month and year) Oct. 16 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa 2

FATHER
13. NAME Russell Doothman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind

17. INFORMANT (ADDRESS) Edward Doothman 2323 So 9th St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Auburn Cemetery DATE Feb 9 1932
19. UNDERTAKER (ADDRESS) E. R. Sidenfader 602 South 10th Street
20. FILED FEB 8 1932 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 6th 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1932 to Feb 2 1932
I last saw him alive on Feb 2 1932. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
From Personal Knowledge
Oct 17 - 1932
46B
92B
46B

Date of onset

Other contributory causes of importance:
Mitral Stenosis

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Charles H. Werner, M. D.
(Address) 315 Kirkpatrick Bldg