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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 29450

Township Kaw — Primary Registration District No. 1002 — Registered No. 5024

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Ava A. Doolittle

(a) Residence, No. 609 Main 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22, 1874

7. AGE: YEARS 58 — MONTHS 6 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: self 233
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): Mo

FATHER

13. NAME: John Doolittle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vt.

MOTHER

15. MAIDEN NAME: Mary Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs. I. E. Moore, 716 West 39th

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Hume Mo. DATE: 9-27-32, 19

19. UNDERTAKER (ADDRESS): R. V. LINDSEY & SONS, 3811 Broadway

20. FILED: 9/26, 1932 — M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19, to [illegible], 19

I last saw h[illegible] alive on [illegible], 19 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Suicide, foreign — Date of onset

167 — 167

Other contributory causes of importance:

5

Name of operation ..... Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy?

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: [illegible]

Nature of injury: [illegible]

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]