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

Do not use this space.

File No. 38367

Registered No. 416

1. PLACE OF DEATH

County Bates

Township Lone Oak

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 59

Primary Registration District No. 30/8

2. FULL NAME Mrs Jesse Doolittle

(a) Residence, No. Foster Mo 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Butler Doolittle.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1878.

7. AGE: Years 54. Months 6 Days 13. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foster Bank

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) Bates Co Mo

FATHER

13. NAME John Doolittle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

MOTHER

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo

17. INFORMANT (ADDRESS) Mrs Jessie Doolittle Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Dec 4 1932

19. UNDERTAKER (ADDRESS) Lewis Butler Mo.

20. FILED ..... 19..... W. J. Lamb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1st 1932

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:10 a.m.

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

Killed by train instantly — Date of onset

Internal injuries, Fractured skull and etc

Coroners Inquest Dec. 2, 32

Pronounced Accidental death

Other contributory causes of importance: Car struck by train on R.R Crossing

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 1, 32 19.....

Where did injury occur? 4 miles south Butler, Mo. (Specify city or town, county, and State) Dec. 1, 32

Specify whether injury occurred in industry, in home, or in public place. Mo Pacific R.R. Crossing 4 miles s.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) C. M. Rice, M. D.

(Address) Coroner Bates Co. Mo. Butler, Mo.

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.

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

JAN 21 1933