

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

Do not use this space.

39695

1. PLACE OF DEATH JAN 2 8 1935
 County Jackson Registration District No. 399
 Township Franklin Primary Registration District No. 1002
 City H. C. No. (No. General Hosp #2) St. 3rd Ward

2. FULL NAME Bertha Doolin
 (a) Residence, No. 709 Independence Ave. 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Harry Doolin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1911
 7. AGE YEARS 23 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Ohio
 MOTHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
 15. MAIDEN NAME "
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
 17. INFORMANT Record Clerk
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Dec. 7, 1934
 19. UNDERTAKER Adkins Bros.
 (ADDRESS) 2000 E. 12th
 20. FILED 12-6 1934 smm Crow
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1934 to 11-17, 1934
 I last saw her alive on 11-17, 1934 Death is said to have occurred on the date stated above, at 6:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Manic Depressive Date of onset _____
Psychosis _____
 Other contributory causes of importance:
Acute Myocardial Degeneration of Heart
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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) J. C. Peroué M. D.
 (Address) General Hosp #2

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

