

MAY 13 1935

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

Do not use this space.

14944

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

City.....

St. 3826 Ward)

2. FULL NAME

Beatrice Doolin

(a) Residence, No.....

(Usual place of abode)

2709 71st St.

26 Ward.

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

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

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

April 25 - 35

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

0

0

1

OCCUPATION

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

W

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis, Mo

FATHER

13. NAME

Charles Doolin

MOTHER

15. MAIDEN NAME

Helen Barber

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis, Mo

17. INFORMANT
(ADDRESS)Harp J. Kelly
City, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bellevue 26 April 25, 1935

19. UNDERTAKER
(ADDRESS)The Success Co
1467 27 Market St
St. Louis, Mo

20. FILED 26 1935

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

4/26 1935

22. I HEREBY CERTIFY, That I attended deceased from

4/25 1935 to 4/26 1935

I last saw him..... alive on..... 4/26 1935. Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Prematurity

Other contributory causes of importance

159

Date of onset

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?..... 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?.....

If so, specify.....

(Signed)

J. J. Barber, M. D.

(Address)

City, 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 PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

