OCT 5 1938

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

Do not use this space.

1. PLACE OF DEATH
16 County Cape Girardeau
Township
1 City Cape Girardeau (No. S. E. Mo Hospital St. Ward)

Registration District No. 125
Primary Registration District No. 3009

File No. 31876
Registered No. 300

4 2. FULL NAME Anna Maria Doolittle 4 3/4
(a) Residence, No. Charleston, Mo. E. Cypress St., Ward. Charleston Mo.
(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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Newborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1938

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 7 3/4 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo Cape Girardeau 0

FATHER
13. NAME Cletus Doolittle 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo.

MOTHER
15. MAIDEN NAME Anna Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Marys Mo

17. INFORMANT (ADDRESS) Cletus Doolittle Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery Charleston, Mo. DATE Sept 30 1938

19. UNDERTAKER (ADDRESS) Frank Pair Funeral Service Charleston, Mo.

20. FILED 9-29, 1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/29, 1938, to 9/29, 1938
I last saw her alive on 9/29, 1938 Death is said to have occurred on the date stated above, at 4:30 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

159

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) [signature], M. D.
(Address) Cape Girardeau Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.