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BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 284

Registered No. 838

1. PLACE OF DEATH

County Maracopa State Arizona

District or Township _____ or Village _____ or

City Phoenix No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Truman B. Doolittle

(a) Residence, No. N. Central ave. St., _____ Ward.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR or RACE: white

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) aug.9,1885

7. AGE: Years 42 | Months | Days | IF LESS than 1 day ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hotel Man
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) _____
(State or country) Mo.

PARENTS

10. NAME OF FATHER John Doolittle

11. BIRTHPLACE OF FATHER Vermont (city or town)
(State or country)

12. MAIDEN NAME OF MOTHER Campbell

13. BIRTHPLACE OF MOTHER Mo. (city or town)
(State or country)

14. Informant J.G.Doolittle
(Address) Kansas City Mo.

15. Filed 6 - 29 ,1928 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF BIRTH June 14 1885
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from June 16th, 1928 to June 24th, 1928, that I last saw him alive on June 24th, 1928 and that death occurred, on the date stated above, at 5 P. m. The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) _____
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Kansas City Mo

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M.D.

June 24th 1928 (Address) Phoenix Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Kansas City Mo.

DATE OF BURIAL: June28

20. UNDERTAKER: A. L. MOORE & SONS

ADDRESS