

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

Do not use this space.

1039

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo.

Registration District No. 399

Primary Registration District No. Veterans Hosp

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME James Anderson Douglas

(a) Residence. No. Bliss, North Kansas City, Mo. Ward _____
(Usual place of abode)

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

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) Jan. 8, 1893

7. AGE YEARS MONTHS DAYS
32 11 29
IF LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R.R. Laborer

(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) Lissouri

10. NAME OF FATHER Isaac Douglas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Edna Budd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

14. INFORMANT (Address) Ray Douglas
70 W. C. St. Mo.

15. SIGNATURE Jan 8 26 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 7 1926

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1926, to January 7, 1926, that I last saw him alive on January 7, 1926, and that death occurred, on the date stated above, at 6 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Lobar, Bilateral
both lower lobes

CONTRIBUTORY (SECONDARY) 10/1 A
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) J. R. Rose, M. D.
St. W. 1926 (Address) Officer in Charge
U.S. Veterans' Hosp. 67

*State the DISEASE CAUSING DEATH, or in deaths from ACCIDENTAL CAUSES, (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 Liberty Mo **DATE OF BURIAL** 1-9 1926

20. UNDERTAKER Chas. M. Ragan Mortuary **ADDRESS** 214 Westport

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.

FEB - 5 1926

RECORD

