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

Do not use this space.

21307

1. PLACE OF DEATH

County: Jackson — Registration District No. ..... — File No. .....

Township: Kaw — Primary Registration District No. ..... — Registered No. [illegible]

City: Kansas City (No. St. Mary's Hospital St. ..... Ward)

2. FULL NAME Cochran Fleming Dougan

(a) Residence. No. 3931 Michigan St. 13 Ward (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Rosetta Dougan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 8-1855

7. AGE: Years 72 — Months 3 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zanesville Ohio

PARENTS

10. NAME OF FATHER: Jno Dougan.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Ann Kigley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs Rosetta Dougan
(Address) 3931 Michigan

15. FILED 7-2, 1927 M M Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 1st 1927

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1927, to July 1, 1927, that I last saw him alive on July, 1927, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Suppurative Appendicitis followed by peritonitis
121B
129
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 117B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 3941 Michigan
DID AN OPERATION PRECEDE DEATH? yes DATE OF June 26
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) J J Davis, M.D.
7/2, 1927 (Address) 729 Rialto

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Stanley Kas Pleasant Valley Cemetery — DATE OF BURIAL: July 1927

20. UNDERTAKER: Eylar Bros — ADDRESS: 1800 Linwood

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.