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

Do not use this space.
404
34649

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 6248 A — File No.
City — (No. 122 Nellie Ave. St. Ward) — Registered No. 404

2. FULL NAME Robert Dougan
(a) Residence. No. 122 Nellie Ave. St., Ward.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary E. Dougan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28 1854

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired 10 Yrs.
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Samuel Dougan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Lela Westbrook
(Address) 122 Nellie Av

15. Nov 15 1927 L. C. Obrock
FILED 15 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1927, to Nov. 12 1927, that I last saw him alive on Nov. 12, and that death occurred, on the date stated above, at 5.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Anemia
M.D.
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Colon Stenosis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edward C. Beck, M. D.
, 19 (Address) 9468 S. Broadway

*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: Lebanon Ills.
DATE OF BURIAL: Nov. 15 19

20. UNDERTAKER Southern V. Co.
ADDRESS 7315 S. Broadway

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.