JUL 24 1928

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

Do not use this space.

20048

1. PLACE OF DEATH

County Callaway, Registration District No. 104

Township ~~Fulton,~~ Primary Registration District No. 3008

City Fulton, Mo, (No. ..... St. ..... Ward)

File No. .....

Registered No. 126

2. FULL NAME George Washington Douglass,

(a) Residence. No. ..... 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) Widowed, Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 12, 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	7	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor,

(b) General nature of industry, business, or establishment in which employed (or employer) Do

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo,

PARENTS

10. NAME OF FATHER John Douglass,

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

12. MAIDEN NAME OF MOTHER Anne Decker,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany,

14. INFORMANT Mrs, John Kritz,
(Address) Fulton, Mo,

15. FILED 6-20, 1928 R. N. Crews
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/19/ 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/19/28 Saw him once, 19..., to Same, 19..., that I last saw h..... alive on 6/19/28 - 2 P.M. and that death occurred, on the date stated above, at About 5,45P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

autointoxication,
69B Senile dementia,
84
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) dementia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 69B

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? P. E —

(Signed) Greene D. McCall, M. D
, 19 (Address) Fulton Mo.

*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 Hams Prarie, Mo,

DATE OF BURIAL 6/21.28 19

20. UNDERTAKER Herndon-Taylor Furn-Co,

ADDRESS Fulton, Mo,

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.