

2 1 1928

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

Do not use this space.

22964

1. PLACE OF DEATH

County Boone
Township Edgar
City (No.)

Registration District No. 71
Primary Registration District No. 5110 A

File No.
Registered No. 17
St. Ward)

2. FULL NAME

William P. Douglass
(a) Residence. No. Lepp Mo. St. Boone Co Ward

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF— Ella Douglass

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 22 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 2 30

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (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) Boone Co Mo

10. NAME OF FATHER James Douglass

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

12. MAIDEN NAME OF MOTHER Faller Patton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Boone Co Mo

14. INFORMANT (Address) W.P. Douglass Lepp Mo

15. FILED July 12 1928 Ar. I. Nichols REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 27 1927 to July 12 1928 that I last saw him alive on July 17 1928, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic nephritis
131 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 129 W (duration) 129 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 129 W
IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no DATE OF -
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) H.B. Fryer M. D.

*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. Address Ashland, Mo

18. PLACE OF BURIAL, CREMATION, OR REMOVAL Nashville DATE OF BURIAL July 14 1928

20. UNDERTAKER W. H. McCall ADDRESS Blount Co

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.

