

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

Do not use this space.

23838

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township J. Park Primary Registration District No. A 002  
 City K. C. Mo. (No. 605 East 11th St.) St. St. Ward Ward

File No. 1584  
 Registered No. 1584

**2. FULL NAME**

Opal Kathleen Douglas  
 (a) Residence (No. 605-E-11th St. St. St. Ward 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Fe 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) Oct-13 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
19 8 25

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at Home  
 (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) Kansas

PARENTS

10. NAME OF FATHER George Douglas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Mr. Geo Douglas  
 (Address) 605-E-11th St.

15. FILED 7/10, 1928 M. M. Brown REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 8 - 1928

17. I HEREBY CERTIFY That I attended deceased from July 7 to July 8, 1928, and that I last saw her alive on July 8, 1928, and that death occurred, on the date stated above, at 7:40 AM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. 8 mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: not known

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Joseph White, M. D.  
7/10, 1928 (Address) 965 Maple

\*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 Elmwood DATE OF BURIAL July 10 1928

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K. C. 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.

Dr. W. A. ...  
No. 915  
Victor 1897

3:30