WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

43431

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No. 43431
Township — Primary Registration District No. 1003 — Registered No. 12746
City St Louis (No. ..... St. ..... Ward)

2. FULL NAME John Douglas
(a) Residence. No. 4449 Cote Brilliante St., 11 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Francis Douglas.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 28-1876

7. AGE: Years 52 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Louisiana
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Jack Douglas
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Louisiana
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY)

14. INFORMANT: Francis Douglas
(Address) 4447 Cote Brilliante

15. FILED ..... 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 24 1928

17. I HEREBY CERTIFY, That I attended deceased from 11/24, 1928, to 12/24, 1928, that I last saw him alive on 12/24/28, 1928 and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
92 a
Insufficiency
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) 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) Chas Morris M. D.
12/24, 1928 (Address) 4322 A Eleton

*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: Greenwood Cemetery — DATE OF BURIAL: Dec 27 1928

20. UNDERTAKER: Peoples Und Co — ADDRESS: 3108 Franklin