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

Do not use this space. 1941-a

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 552
Township Kaw — Primary Registration District No. 10 — Registered No.
City Kansas City (No. General Hosp. #2 St. Ward)

2. FULL NAME Douglas, Clarence
(a) Residence. No. 616 Holmes 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: colored
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) Aug. 28, 1918

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
10	5	3	

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

9. BIRTHPLACE (CITY OR TOWN) Rosedale
(STATE OR COUNTRY) Kans.

PARENTS
10. NAME OF FATHER Douglas, Ed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) ✓
12. MAIDEN NAME OF MOTHER Collins Fannie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) /
(STATE OR COUNTRY) ✓ Higginsville Mo

14. INFORMANT Collins, Pauline
(Address) 616 Holmes

15. FILED 2-4 1929 M M Crow Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-30 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-24, 1929, to 1-30, 1929, that I last saw him alive on 1-30, 1929, and that death occurred, on the date stated above, at 6 00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epidemic Cerebro-Spinal Meningitis
18
6 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Toxemia
(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? Clinical & Laboratory
(Signed) H. M. Smith, M.D.
1/31, 1929 (Address) Old City Hospital

*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: Blue Ridge L.C. — DATE OF BURIAL: 2-6 1929

20. UNDERTAKER: H. Bruoore — ADDRESS: 1820 E 18

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.

WHITE PERMANENT, WHITE SUPPLEMENTARY