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.

21489

2624

399

1002

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Jackson

Township Raw

City Kansas City Mo (No. 2820 East 12 St. ..... Ward)

Registration District No. .....

Primary Registration District No. .....

2. FULL NAME Emma M. Douglass

(a) Residence. No. 2820 East 12 St., 2 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	5	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) N York

PARENTS

10. NAME OF FATHER Laughton

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W. G. Douglass
(Address) 2820 East 12

15. FILED 6/12 1929 M McCrowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 10 1929

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1929 to June 10, 1929 that I last saw her alive on June 10, 1929 and that death occurred, on the date stated above, at 2 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

82A

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. mos. ds.

7401

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? none

(Signed) B Frank Watson, M. D.

6/11, 1929 (Address) 2401 Prospect

*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 W W Washington

DATE OF BURIAL 6/12 1929

20. UNDERTAKER O V Mast

ADDRESS 1915 East 15