

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

Do not use this space.

5755

1. PLACE OF DEATH

County Monroe

Registration District No. 582

File No. 11

Township.....

Primary Registration District No. 4344

Registered No.....

City Paris (No.) St. Ward)

2. FULL NAME

Edward Thomas Douglas

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 1 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1942
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) New London
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Elmer Douglas

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

12. MAIDEN NAME OF MOTHER Ellen Crow

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

14. INFORMANT Mrs. Chas. Rice
(Address) Paris, Mo.

15. FILED 2/10 1930. H. C. Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1930 to Feb. 9, 1930 that I last saw him alive on Feb. 7, 1930 and that death occurred, on the date stated above, at 6:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

An access to Rt. eye, ball and cornea
sheers back of Rt. eye ball following
an accidental injury of eye
(duration) yrs. mos. 15 da.

CONTRIBUTORY Accidental Injury
(SECONDARY) L.P. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at his home

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

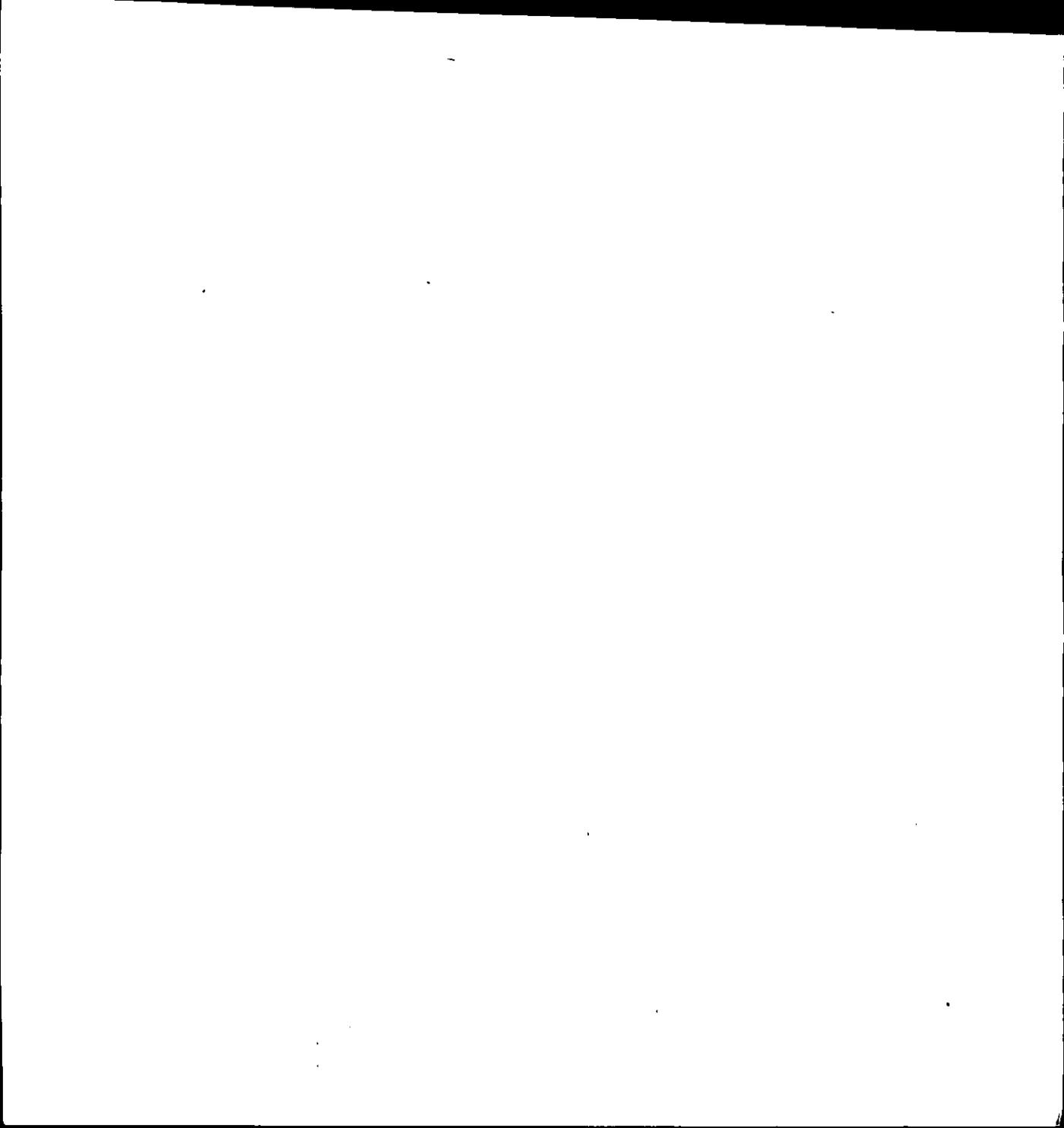
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. C. Mc Murray, M. D.

2/10, 1930 (Address) Paris, Mo.

*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 Stoutsville, Mo. DATE OF BURIAL Feb. 11, 1930

23. UNDERTAKER Speed + Blakey ADDRESS Paris, Mo.



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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Monroe Registration District No. 582 File No.
 Township Primary Registration District No. 4344 Registered No.
 City Paris (No.) St. Ward

2. FULL NAME Edward Thomas Douglas
 (a) Residence, No. St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
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8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9-30

17. I HEREBY CERTIFY, That I attended deceased from to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date some above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
abscess of eye ball & back of eye ball following accidental injury to eye
 (duration) yrs. mos. ds.

CONTRIBUTORY Stricks eye on piece of lumber (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed)....., M. D.
 , 19 (Address) 109

*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	DATE OF BURIAL
20. UNDERTAKER	ADDRESS

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 2-10-30 H.C. Payne REGISTRAR

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-5755