

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **4960**)

located at

File No. **11129**

Registered No. **3166**

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. **11576 N. Douglas St.** **12** Ward. **Springfield, Mo.**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. **8** ds.

How long in U.S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

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

married

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

Opal Douglas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **6-16-1903**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

26

9²

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **machinist**

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

(c) Name of employer **Frisco Ry. Co.**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Elmer Douglas**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Iowa**

12. MAIDEN NAME OF MOTHER **Margaret**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Iowa**

14. INFORMANT **C. L. Martin**

(Address) **4960 Laclede**

15. FILED **49 1930** **Mar 19 1930** **REGISTRAR**

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 29 1930**

17. I HEREBY CERTIFY, That I attended deceased from **March 21, 1930, to March 29, 1930**
that I last saw h. **alive on** **March 29, 1930**, and that death occurred, on the date stated above, at **8:15 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute appendicitis
121R
129

CONTRIBUTORY (SECONDARY) **Peritonitis - following appendicitis**
(duration) **?** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH **St. Louis**
DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **March 24 1930**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Springfield, Mo.** **3/29 1930**
20. UNDERTAKER **Robert Humboldt**
ADDRESS **446 E. 3rd St.**

*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.

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.

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10/2/30

