

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

Do not use this space.

39775

**1. PLACE OF DEATH**

County Jackson Registration District No. 408  
 Township Merion Primary Registration District No. 5562  
 City Carthage - Route # St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

James Henry 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 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 Mary J. Douglas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1858

7. AGE: YEARS 72 MONTHS 5 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer 92  
 (b) General nature of industry, business, or establishment in which employed (or employer) 93  
 (c) Name of employer 51

9. BIRTHPLACE (CITY OR TOWN) St. Joseph  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Douglas

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

12. MAIDEN NAME OF MOTHER Mrs. Cog

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

14. INFORMANT Mrs. J. H. Douglas  
 (Address) Rt. 4, Carthage, Mo.

15. Dec 23, 30 (QX) Wetcham  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 22, 1930  
 that I last saw him alive on Dec 11, 1930, and that death occurred, on the date stated above, at 8:30 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
Mitral insufficiency  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Chronic arthritis  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) J. V. Cordonnier, M. D.

12/23, 1930 (Address)

\*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 Park Cemetery DATE OF BURIAL Dec. 24, 1930

20. UNDERTAKER Kneel Mortuary ADDRESS Carthage, Mo.

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.

JAN 20 1931

