72-2-1
59 v.2

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

Do not use this space.

25910

1. PLACE OF DEATH
County Pike — Registration District No. 689
Township — Primary Registration District No. 3033
City Louisiana (No. 920 Ohio St. Ward)

File No.
Registered No.

2. FULL NAME Wm Douglas
(a) Residence, No. 920 Ohio 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-1-72

7. AGE: YEARS 59 | MONTHS 5 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: Ruben Douglas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Lucy Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): Margaret Douglas, Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Louisiana Mo DATE: 7/2 1931

19. UNDERTAKER (ADDRESS): P C Haeuf, Louisiana Mo

20. FILED 7-2 1931 P C Haeuf Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-3, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to July 2, 1931
I last saw him alive on July 2, 1931. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Mitral regurgitation
also aortic
Regurgitation

Date of onset

Other contributory causes of importance:
Probably rheumatism
92A
56E

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. Guy Hutherlin, M. D.
(Address) Louisiana, 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.

AUG 29 1931

MAY 5 1948