

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.

1370

476

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Townships Franklin Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 911 Carlington) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 911 Carlington St. 12 Ward \_\_\_\_\_

(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 <u>m</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30, 1904</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>6</u>
		<u>7</u>
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>26</u>		
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) <u>Kansas</u> <u>2</u>		
13. NAME <u>David Douglass</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>31</u>		
15. MAIDEN NAME <u>Lena Douglass</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> <u>1</u>		
17. INFORMANT <u>Lena Douglass</u> (ADDRESS) <u>911 Carlington</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Highland</u> DATE <u>2/6</u>		
19. UNDERTAKER <u>Watkins Bros. Mch. Co.</u> (ADDRESS) <u>1729 Myrtle</u>		
20. FILED <u>2/6</u> 19 <u>21</u> <u>M. M. Lister</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 31 1932 to Jan 31 1932  
 I last saw him alive on Jan 31 1932 Death is said to have occurred on the date stated above, at 12:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia Date of onset 1-28-32  
Culmonary Tuberculosis  
114 B  
23 A  
177 A  
 Other contributory causes of importance: Obstruction of throat

Name of operation Tracheotomy at City Hospital  
 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 \_\_\_\_\_ D

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. R. Foster, M. D.  
 (Address) 23-1529 Lister

Ferster