

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

Do not use this space.

1702

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
59 County Luningston Registration District No. 508  
Towship \_\_\_\_\_ Primary Registration District No. 3026  
1 City Lehlicoch (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Robert Glee Douell  
(a) Residence No. 1649 Spanghill St. First 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 Catherine Douell  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-7-1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63      1      23  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Doctor 213  
(b) General nature of industry, business, or establishment in which employed (or employer) M. D.  
(c) Name of employer \_\_\_\_\_

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

PARENTS  
10. NAME OF FATHER John G. Douell  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo.  
12. MAIDEN NAME OF MOTHER Elizabeth Simpson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Spanghill Mo

14. INFORMANT Catherine Douell  
(Address) Lehlicoch Mo.

15. FILED ep, 1932 R. Barney  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1932, to Jan. 30, 1932 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
apoplexy

24 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 82A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. 0

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) R. J. Burman, M. D.

2/1, 1932 (Address) Lehlicoch 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 Edgewood Cem DATE OF BURIAL Feb-1-1932

20. UNDERTAKER Jas W Gordon ADDRESS Lehlicoch Mo

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.

1932 24 1934

