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.

2951

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 673

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME David N. Doom

(a) Residence, No. 4434 McPherson St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-31-1860

7. AGE: YEARS 71 | MONTHS 5 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 2

FATHER

13. NAME: Wesley Doom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Amanda Love
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Alice Cagle 4434 McPherson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kuttawa Ky DATE: 1-23-32 19

19. UNDERTAKER (ADDRESS): Zingmeier Bros 2626 Cherokee St

20. FILED: JAN 21 1932 19 Max C Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-20-, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1930, to 1-20, 1932

I last saw him alive on 1-19, 1932. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	1922
Chr. Myocarditis	"
Hypertension	
131	
036	
139	

Other contributory causes of importance:

Chr. Nephritis

1

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? no

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) E. Eugene Brown, M. D.

(Address) 4348 Olive