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

791
1033

Do not use this space.

10624

File No. 2691

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis Mo. St. Louis (Childrens Hospital 500 So. Kingshighway St. ..... Ward)

2. FULL NAME James Douglas

(a) Residence, No. Board of Children's Guardian St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Lif 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11-1931

7. AGE: Years ..... Months 4 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child.

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): St. Louis Mo. 1

FATHER

13. NAME: Joseph Douglas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles Mo.

MOTHER

15. MAIDEN NAME: Anna Fuller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): M. Lydy. 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Mch 21 1932

19. UNDERTAKER (ADDRESS): Guillaume Bros 4716 Finney

20. FILED MAR 21 1932 Carl C. Stanley Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1932, to 3-19, 1932

I last saw him alive on 3-19, 1932. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

	Date of onset
Pneumonia - Primary lobar	3-16-32
1193	
103	
69B / 108	

Other contributory causes of importance:

Diarrhea acute	3-10-32
dehydration and acidosis	3-11-32

Name of operation None Date of

What test confirmed diagnosis? X ray clinical 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? No

If so, specify .....

(Signed) Lawrence E. Goldman, M. D.

(Address) St. Louis Childrens Hospital

Per R. C. McGahan M.D.