

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

Do not use this space.

18119

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 702  
 Township \_\_\_\_\_ Primary Registration District No. 1000  
 City St Louis Mo (No. City Hospital 2)

File No. \_\_\_\_\_  
 Registered No. 5095  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Douglas Preston  
 (a) Residence, No. 11297 19th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</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 <u>1</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-9-1892</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>5</u>
	DAYS <u>10</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>shares 237</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>Miss 2</u>		
MOTHER FATHER	13. NAME <u>Wm Preston 8</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u>	
	15. MAIDEN NAME <u>Katie Bowlett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
17. INFORMANT <u>A Septuagid Death</u> (ADDRESS) <u>City Hospital 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis</u> DATE <u>5-26 1932</u>		
19. UNDERTAKER <u>Walter R. Hines</u> (ADDRESS) <u>3500 R. 1st St</u>		
20. FILED <u>MAY 26 1932</u> <u>Wm Preston</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1932 to 5-19 1932  
 I last saw h. em alive on 5-19 35, 1932 Death is said to have occurred on the date stated above, at 135 m.  
 The principal cause of death and related causes of importance were as follows:  
23 R Pulmonary Tuberculosis  
 Other contributory causes of importance: 1 2 3  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? By Chest 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) Wm Smith, M. D.  
 (Address) CITY HOSP. No. 2

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.

