

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.
25472

1. PLACE OF DEATH

County Buchanan Registration District No. 65
Township Wagon Primary Registration District No. 100
City St Joseph, Mo (No. 100) St. Joseph Hosp

File No. _____
Registered No. 828
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Gallatin Mo. R 7 D Ward. Gallatin Mo. R 7 D
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF <u>John W. Douglas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 15-1892</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>7</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. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1932, to Aug. 25, 1932.
I last saw him alive on Aug 25, 1932. Death is said to have occurred on the date stated above, at 11:40 p.m.
The principal cause of death and related causes of importance were as follows:
Ulcerative colitis Date of onset July 25
120 1700

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) H. S. Sauer, M. D.
(Address) St. Joseph, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gallatin Mo</u>
	13. NAME <u>Samuel White</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagon Missouri</u>
	15. MAIDEN NAME <u>Mary Ann Warren</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	17. INFORMANT (ADDRESS) <u>Chester Otto Douglas Gallatin Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gallatin Mo</u> DATE <u>Aug 28-32</u>
	19. UNDERTAKER (ADDRESS) <u>Raymond A Davis 33424 Gallatin Mo.</u>
	20. FILED <u>8-25-32</u> , 19____ <u>John K Bender</u> Registrar.

SEP 9 1 10 22

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2/1/78