

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

Do not use this space.

35017

File No. _____
Registered No. 92 St. _____ Ward _____

JAN 17 1932

PLACE OF DEATH

County Carroll Registration District No. 135-
Township Carrollton Primary Registration District No. 3010
City Carrollton No. _____

2. FULL NAME

Robert K. Douglas

(a) Residence, No. _____ St. _____ 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 <u>male</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 OF (OR WIFE OF) <u>Caroline Campbell Douglas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19, 1843</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>9</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>Farmer 155</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>150</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ganville 2</u> <u>Kentucky</u>		
FATHER	13. NAME <u>Pasco K Douglas</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known 31</u>	
MOTHER	15. MAIDEN NAME <u>Middie W. Lee</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT <u>Paul Bowen</u> (ADDRESS) <u>Wagon 2nd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Van Horn</u> DATE <u>Dec 21 1932</u>		
19. UNDERTAKER <u>E. L. Dieffenderfer</u> (ADDRESS) <u>Carrollton Mo</u>		
20. FILED <u>1932</u> <u>Mr. E. L. Farnham</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-28-, 1932, to 11-29-, 1932
I last saw him alive on 11-29-, 1932. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:
Heart 7 left
leg
155
Other contributory causes of importance _____

Name of operation Amputation Date of 11-27-32
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Paul Bowen, M. D.
(Address) Carrollton Mo

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.

