

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

Do not use this space.

42708

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **ST. LOUIS, MO.** (No. **CITY, HOSP. No. 2**)..... St. .... Ward)

File No. ....  
 Registered No. **113**..... St. .... Ward)

**2. FULL NAME** **ANNIE DOUGLAS**

(a) Residence, No. **4366 GARFIELD**, **11** Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred **30** yrs. — mos. — ds., How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **FEMALE** 4. COLOR OR RACE **NEGRO** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-18-1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**50 9 28**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

FATHER 13. NAME **PAUL DOUGLAS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

17. INFORMANT (ADDRESS) **F. G. CREAM**  
**CITY HOSP. No. 2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Fayette Mo** DATE **Jan 5 - 1933**

19. UNDERTAKER (ADDRESS) **American Funeral Home**  
**944 1/2 N. 1st St.**

20. FILED **JAN 1 1933** **Miss C. Starnes** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-31-1932**

22. I HEREBY CERTIFY, That I attended deceased from **12-24-1932** to **12-31-1932**

I last saw him alive on **12-31-1932** Death is said

to have occurred on the date stated above, at **5:00 p.m.**

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

**CHRONIC MYOCARDITIS**  
**930**  
**115 A ①**  
**930**  
 Other contributory causes of importance

Date of onset **UNKNOWN**  
**7 DAYS**

**AC TONSILLITIS**  
**non diphtheritic**

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?  
 If so, specify

(Signed) **C. 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.

RECORDS DEPARTMENT MISSOURI STATE BOARD OF HEALTH

