

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

Do not use this space.

28718

1. PLACE OF DEATH

County Barton Registration District No. 48
 Township Lamar Primary Registration District No. 4024
 City Lamar (No.) St. Ward)

File No.
 Registered No. 48

2. FULL NAME

Thomas Oscar Douglas
 (a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 0 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Caroline Douglas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 13
 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. Retired Farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

2. 2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17th, 1933
 22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to Sept 19th, 1933
 I last saw him alive on Sept - 13th, 1933. Death is said to have occurred on the date stated above, at 6-120 a.m.
 The principal cause of death and related causes of importance were as follows:
Valvular Lesion of Heart Date of onset 1931
92A
97
 Other contributory causes of importance:
arterio sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 FATHER 13. NAME Reuben M. Douglas
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Elizabeth Syllia
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT Lara J. Bartlett
 (ADDRESS) Lamar Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ladle Cemetery DATE 9/19, 1933
 19. UNDERTAKER W. J. Pappewill
 (ADDRESS) Lamar Mo.
 20. FILED Sept 19 - 1933 A. Mynatt
 Registrar.

Name of operation Date of
 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 W. J. Pappewill, M. D.
 (Signed) Lamar Mo.
 (Address)

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. OCT 20 1933

