

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

Do not use this space.

32360

1. PLACE OF DEATH

13 County Caldwell Registration District No. 94
Township _____ Primary Registration District No. 4056
City Breckenridge (No. _____) St. _____ Ward _____

File No. _____

Registered No. 13

2. FULL NAME

Richard 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 75 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro
Coboy 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Selma Douglas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 1 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Breckenridge, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Douglas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT Grace Douglas
(Address) Kansas City, Mo

15. FILED Oct 3, 1933 E. A. Thompson M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1933

17. I HEREBY CERTIFY, That I attended deceased from July 20 1933 to October 1 1933.
that I last saw him alive on September 29 1933, and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
59
131
diabetes mellitus
(duration) 10 yrs. 10 mos. — ds.

CONTRIBUTORY (SECONDARY) Paralytic
Heperitis (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Breckenridge, Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) L. H. Bessie D. M. D.

Oct. 3, 1933 (Address) Breckenridge Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rose Hill Cemetery DATE OF BURIAL Oct 3 1933

20. UNDERTAKER T. M. ... Breckenridge
ADDRESS _____

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.

