

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

Do not use this space.

37080

1. PLACE OF DEATH

County Boone Registration District No. 496
 Township Brookfield Primary Registration District No. 3025
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Alexander Parker 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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mal 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 7 Mrs Belle (Smith) Douglas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1868
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 11 18
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner.
 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) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1933
 22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1933, to Nov 17 1933, 19____. I last saw him alive on Nov 17 1933. Death is said to have occurred on the date stated above, at 12:35 P.M.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
John Breuninger
108
10
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo.
 13. NAME James Douglass
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT Thomas Douglas (ADDRESS) Brookfield Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Nov 21 1933
 19. UNDERTAKER Jas M. Laughlin (ADDRESS) Marion Mo.
 20. FILED 11/26 1933 J. H. H. H. Registrar.

23. If death was due to external causes (violence), fill in also the following: 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 _____ (Signed) R. H. H. H., M. D. (Address) Brookfield Mo.

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.

1933
 57
 63
 31

