MAR 24 1934

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

Do not use this space.

10052

1. PLACE OF DEATH
County Polk — Registration District No. 701 — File No.
Township — Primary Registration District No. 4427 — Registered No. 18
City Bolivar (No. , St. Ward)

2. FULL NAME Howard Culp Douglas

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
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) Feb 19th 1911

7. AGE YEARS 23 MONTHS [illegible] DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo

FATHER
13. NAME Thomas H. Douglas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Addia Culp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Thom H. Douglas Bolivar

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Mch 15th 34

19. UNDERTAKER (ADDRESS) Hutcheson - Blue Bolivar

20. FILED Mch 15th 1934 J. O. Roberts Registrar.

Recorded by Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1934

22. I HEREBY CERTIFY, That I ~~attended~~ assured deceased ~~from~~ , 19 , to , 19
I ~~last~~ saw him ~~alive~~ on March 13, 1934. Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulation
By Hanging

Other contributory causes of importance:

165 165

Name of operation Date of
What test confirmed diagnosis Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Mch 13 1934
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 Suicide by
Nature of injury hanging

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Willard B. Erwin Coroner
(Address) Bolivar, 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.

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