

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

Do not use this space.

16592

**1. PLACE OF DEATH**

County Jackson Registration District No. 500  
 Township Kear Primary Registration District No. 260  
 City Keosauqua (No. 719 West 260 St) St. 2361 Ward

**2. FULL NAME**

Mrs Mary Douglas  
 (a) Residence, No. 719 W 260 St, Ward. (If nonresident, give city or town and State)  
 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1901

7. AGE YEARS 58 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

FATHER 13. NAME Michael

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mr Nick Douglas (ADDRESS) 719 W 260 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 5-29-34

19. UNDERTAKER Quinn & John (ADDRESS) \_\_\_\_\_

20. FILED May 29 1934 M. M. Crowe Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-1934

22. I HEREBY CERTIFY, That I attended deceased from Febr. 23, 1934, to May 27, 1934

I last saw him alive on May 26, 1934 Death is said to have occurred on the date stated above, at 3:40 a. m.

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

Acute Cardiac Dilatation Date of onset 2 mos  
107A  
95B  
 Other contributory causes of importance:  
Branch-Pneumonia 3 wks  
Chronic Asthma ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) W. M. Carroll, M. D.  
 (Address) 1330 Summit

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

JUN 19 1934

