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.

JUL 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No. 21078
Township — Primary Registration District No. 3026 — Registered No. 83
City Chillicothe (No. ..., ..., St. ..., Ward)

2. FULL NAME James L 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): May 22 1896
7. AGE: YEARS 38 — MONTHS 0 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Ill

FATHER
13. NAME: T. N. Douglas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.J.

MOTHER
15. MAIDEN NAME: Carry Beal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Mrs T. N. Douglas, Sampsel Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wheeling Cem DATE: 6-15, 1934
19. UNDERTAKER (ADDRESS): F B Norman, Chillicothe Mo
20. FILED: June 14, 1934 Donald M. Dawell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-13, 1934
22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934, to June 13, 1934
I last saw him alive on June 13, 1934. Death is said to have occurred on the date stated above, at 2.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicial Abscess	about May 28-1934
121 B	

Other contributory causes of importance:

121 b

Name of operation: Drained Abscess — Date of 6-9-1934
What test confirmed diagnosis? Clinical — Was there an autopsy? No

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) Reuben Barney, M. D.
(Address) Chillicothe