

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.

APR 25 1935

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

Do not use this space.

11464

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis

Registration District No. 1123
Primary Registration District No. 6248 E
(No. St. Rose)

File No.
Registered No. 83
St. Ward)

2. FULL NAME

(a) Residence, No. Roy North Douglas St., North Kansas City, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Letha Douglas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9 1888</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>8</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Boiler Makers Helper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Nabask railways</u>	
	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) <u>Liberty Mo.</u>		
FATHER	13. NAME <u>Isaac Douglas</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Ada Budd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs Letha Douglas North Kansas City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas city Mo.</u> DATE <u>March 10 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Morton Trust Co. Kansas City Mo.</u>		
20. FILED <u>March 8 1935</u> <u>G. Newery</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/22 1933 to 3/8 1935

I last saw him alive on 3/1 1935 Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Pulmonary tuberculosis Date of onset April 1933

Tuberculosis of large intestine Nov 1934

Other contributory causes of importance
None

Name of operation None Date of

What test confirmed diagnosis Smear Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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? No

If so, specify

(Signed) W. M. Meane M.D. M. D.

(Address) 9101 So. Broadway

