

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.

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

Do not use this space.

AUG 16 1935

22833

1. PLACE OF DEATH

County Henry Registration District No. 14
Township Windsor Primary Registration District No. 4211
City Windsor (No.) St. Ward

File No.
Registered No. 21

2. FULL NAME Mrs. Henrietta Anderson 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Thomas B. Douglas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Arrow Rock
(STATE OR COUNTRY) Missouri

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Earl Douglas
(ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Windsor, Mo. DATE July 17 1935

19. UNDERTAKER Huston-Turner Mortuary
(ADDRESS) Windsor, Missouri

20. FILED July 17 1935 [Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1934 to July 15 1935

I last saw her alive on July 15 1935 Death is said to have occurred on the date stated above, at 2:40 P. M.

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

Cardiac decompensation
Date of onset
[Signature]

Other contributory causes of importance

Name of operation [Signature] 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? No
If so, specify
(Signed) Ray B. Jordan, M. D.
(Address) Windsor, Mo.

