

Jubley AUG 22 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24217

1. PLACE OF DEATH

County *St. Francois Co.*

Registration District No. *775*

Township *Poppy*

Primary Registration District No. *6020*

City *W. of Bonne Terre Mo.* (No. *10*)

File No. _____

Registered No. *46*

St. _____ Ward _____

2. FULL NAME *Phirby Pearl 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 8, 1935*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
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) *W. of Bonne Terre* (STATE OR COUNTRY) *Missouri*

13. NAME *Vetal Douglas*

14. BIRTHPLACE (CITY OR TOWN) *St. Francois Co.* (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Delfia May Long*

16. BIRTHPLACE (CITY OR TOWN) *Washington Co.* (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Vetal Douglas* (ADDRESS) *Bonne Terre Mo.*

18. BURIAL, CREMATION, OR REMOVAL *14* PLACE *Bonne Terre* DATE *July 9* 19 *35*

19. UNDERTAKER *Burham & Co.* (ADDRESS) *Bonne Terre Mo.*

20. FILED *7-15* 19 *35* *H. W. Hawkin* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 8*, 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *8 P.* m.

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

Premature

Date of onset _____

Other contributory causes of importance: *SA*

Name of operation _____ 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? _____

If so, specify _____

(Signed) *See Jubley*, M. D.

(Address) *Bonne Terre 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.

