

WRITE CLEARLY, 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.

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

Do not use this space.

JAN 15 1936

38968

1. PLACE OF DEATH

County Liberty  
Township Liberty  
City Liberty (No. ....)

Registration District No. 201  
Primary Registration District No. 5280

File No. 147  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna N. Mc Dougall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1867

7. AGE YEARS 67 MONTHS 9 DAYS 1 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister  
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) Dumfries Wis

FATHER 13. NAME D. W. Mc Dougall

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Meyral Mc Dougall (ADDRESS) Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE .....

19. UNDERTAKER Wesley Myers (ADDRESS) Liberty Mo.

20. FILED 12-20, 1935 E. T. Brant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935, to Dec 19, 1935  
I last saw him alive on Dec 19, 1935 Death is said to have occurred on the date stated above, at 6:55 Am.

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

Coronary Thrombosis Date of onset Dec 18, 1935

Other contributory causes of importance: AMB

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? Yes  
If so, specify .....

(Signed) Wesley Myers, M. D.  
(Address) Liberty Mo.

