Dr. Whitaker

MAR 24 1936

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi — Registration District No. 567 — File No. 6884
Township St James — Primary Registration District No. 5763 — Registered No. 17
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Thomas Porter Douglas.
(a) Residence, No. Mississippi, Co. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 - 1933
7. AGE: YEARS 2 — MONTHS 4 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mississippi Co. Mo.

FATHER
13. NAME Amos Douglas.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi, Co. Mo.

MOTHER
15. MAIDEN NAME Marie Hedges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Amos Douglas. Anniston, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dogwood DATE Feb. 12 1936
19. UNDERTAKER (ADDRESS) Travis N. Shelby East Prairie Mo.
20. FILED 2-11 1936 Duff M. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 19 1936 to Feb 11, 1936
I last saw him alive on Feb 10, 1936. Death is said to have occurred on the date stated above, at 8 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Influenza~~ Bronchopneumonia	

Other contributory causes of importance:
~~Bronchopneumonia~~ Influenza

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) George W. Whitaker, M. D.
(Address) East Prairie 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.