

JUL 14 1936

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

Do not use this space.

791
1003

24604

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Missouri (No. St. Anthony Hospital) St. (Ward)

File No.....
Registered No. 6225

2. FULL NAME Mrs. Essie Douglass

(a) Residence, No. 209 Grover Street St. NR Ward.
(Usual place of abode) Warrensburg, Missouri (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earnest Douglass
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th, 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 0 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Missouri
(STATE OR COUNTRY)

FATHER
13. NAME Wm. F. Cooper

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

MOTHER
15. MAIDEN NAME Ella Hall

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

17. INFORMANT Earnest Douglass
(ADDRESS) Warrensburg, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE June 19th 1936

19. UNDERTAKER Albert N. Hoppe Inc.
(ADDRESS) 429 N. Euclid Avenue.

20. FILED JUN 18 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to June 17th, 1936.
I last saw her alive on June 17th, 1936. Death is said to have occurred on the date stated above, at 6:52 P.M.
The principal cause of death and related causes of importance were as follows:

Shock Surgical Date of onset 6-17-36
Removal of gall stones
Other contributory causes of importance: Chronic Myocarditis 10 yrs.

Name of operation cholecystectomy Date of 6-17-36
What test confirmed diagnosis? X-Ray Was there an autopsy? No

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) R. H. Thompson, M. D.
(Address) St. Louis

WRITE PLAINLY, 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.

193