

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.

100  
JAN 8 1937

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

Do not use this space.

43836

**1. PLACE OF DEATH**

County Douglas Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St Joseph Mo (No. State Hospital #2)

File No. \_\_\_\_\_  
Registered No. 1530  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. St Joseph City, Mo  
(Usual place of abode)  
Length of residence in city or town where death occurred 2 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 9 11  
8. Trade, profession, or particular kind of work done, as spliner, 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 \_\_\_\_\_  
Janitor

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo

13. NAME Charles Douglas

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

15. MAIDEN NAME Mary

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

17. INFORMANT (ADDRESS) State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE Dec 17 1936

19. UNDERTAKER (ADDRESS) H. C. Emb + Casket Co. 4100 State Ave. St. J. Mo.

20. FILED Dec 15 1936 W. H. H. H. H. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 13 1936  
22. I HEREBY CERTIFY, That I attended deceased from April 5 1934 to Dec 13 1936  
I last saw him alive on Dec 13 1936 Death is said to have occurred on the date stated above, at 9:43 p.m.  
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia  
Senility

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Ch. + Lab. 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) B. C. Miles M. D.  
(Address) State Hospital #2

By B. E. H. Lang M. D.

AUG 12 1948

JUNE 1948