

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.

APR 8 1937

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

Do not use this space.

9418

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township _____ Primary Registration District No. 1002 Registered No. _____
 City J. C. No. General Hosp. #2 (No. _____) (City, Town, or Village) (Ward) _____

2. FULL NAME

Alfred Doughlast
 (a) Residence, No. 1607 Norton St. Ward. _____ (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Korence Doughlast
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1865
 7. AGE YEARS MONTHS DAYS 71 2 28 (If LESS than 1 day, hrs. or min.)
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
 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) Phila. Pa.
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.
 15. MAIDEN NAME Unknown.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.
 17. INFORMANT (ADDRESS) General Hosp. #2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3/5 1937
 19. UNDERTAKER (ADDRESS) Dickinson Bros. 1729 N. 1st
 20. FILED March 5 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1937
 22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1937, to 3-2, 1937
 I last saw him alive on 3-2, 1937. Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Hypertensive Type
Heart Disease
Decompensation
 Other contributory causes of importance: as above
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) G. C. Simpson M. D.
 (Address) General Hosp. #2

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