APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. St. Luke's Hsop, ... St. ..... Ward)

File No. 10597

Registered No. 3171

2. FULL NAME Gracie Murl Douglass Ward

(a) Residence, No. 5536 Pershing Ave. St., 5 Ward.
(Usual place of abode) (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: Hollive Loyd Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 10, 1904

7. AGE: 35

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	2	10	

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) (STATE OR COUNTRY): Knox Co. Mo.

FATHER

13. NAME: John Henry Douglass

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

MOTHER

15. MAIDEN NAME: Anna Lecinda Scott

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

17. INFORMANT (ADDRESS): Hollive Loyd Ward, 5536 Pershing

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Denver. Colo DATE: March 27, 19 37

19. UNDERTAKER (ADDRESS): Alexander & Sons. 6175 Delmar Blvd.

20. FILED MAR 23 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to March 20, 1937

I last saw her alive on March 20, 1937 Death is said to have occurred on the date stated above, at 2:50 P.m.

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

Lobar Pneumonia

Date of onset

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Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X Ray - cultures 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) [signature], M. D.

(Address) 4132 [illegible]

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.

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