

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

Do not use this space.

APR 16 1937

1. PLACE OF DEATH

County Caldwell
Township Hamilton
City Hamilton (No. _____)

Registration District No. 96
Primary Registration District No. 4058

File No. 11356
Registered No. 12 St. _____ Ward _____

2. FULL NAME Ithel John Douglas

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28/1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborn

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) Henry County (STATE OR COUNTRY) Ill.

13. NAME Henry Douglas

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

15. MAIDEN NAME Anna Douglas

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

17. INFORMANT Mrs. Ed. Douglas (ADDRESS) Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATED 5/9/37, 19____

19. UNDERTAKER Bram and sons (ADDRESS) Hamilton, Mo.

20. FILED Mar 9, 1937 Merle Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Minimal myocardial infarction 1935
(Definite history and personal evidence of case.)

Other contributory causes of importance:

Influenza 1937

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) I. M. Delay (Coroner) _____, M. D.
(Address) Hamilton, 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.

