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.

JUN 29 1937

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

Do not use this space.

File No. 21270
Registered No. 222

1. PLACE OF DEATH
County ST. LOUIS
Township Jefferson
City MAPLEWOOD (No. 2901 BIG BEND ROAD St. Ward)

Registration District No. 786
Primary Registration District No. 4469

2. FULL NAME DAVID F. DOUBT

(a) Residence, No. 1469 HODIAMONT St., 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV 24-1879

7. AGE: YEARS 57 MONTHS 5 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer
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): Lincoln Nebr

FATHER

13. NAME: David F. Doubt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edwardsville Ill

MOTHER

15. MAIDEN NAME: Katy Phelps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Birdena Doubt 1469 Hodiamont

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine Cem DATE: May 11, 1937

19. UNDERTAKER (ADDRESS): L. B. Tanner 6107 Natural Bridge Rd

20. FILED: June 10, 1937 Pauline Breitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 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 ....m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance: —

Name of operation: None Date of:
What test confirmed diagnosis? Medical History 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) John L. Connell, M. D.
(Address) Coroner, St. Louis Co.