

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.

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Miss. Madrid* Registration District No. *S 1133*
Township *Lilbourn* Primary Registration District No. *5799A*
City (No. _____) St. _____ Ward _____

24427

File No. _____
Registered No. *7*

2. FULL NAME

Jimmy Thomas Duglas
(a) Residence (Usual place of abode) *Lilbourn Mo.* St. _____ W. _____
Length of residence in city or town where death occurred *4* yrs. *4* 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*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 2 - 1936*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 *14*

8. Trade, profession, or particular kind of work done, as spinner, 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lilbourn Mo.*

13. NAME *Louis Duglas*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lilbourn Mo.*

15. MAIDEN NAME *Louise Moore*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lilbourn Mo.*

17. INFORMANT (ADDRESS) *Louis Duglas Lilbourn Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Newman Mo.* DATE *6-17 1937*

19. UNDERTAKER (ADDRESS) *Hill Bros Lilbourn Mo.*

20. FILED *6-16-37* *Jas A. Proehl* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/16* 19*37*
22. I HEREBY CERTIFY, That I attended deceased from *4/13* 19*37* to *4/16* 19*37*
I last saw him alive on *June 16, 30* 19*37* Death is said to have occurred on the date stated above, at *9:30* am.

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

Date of onset *4/13-37*

Other contributory causes of importance:
malaria

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *J. A. Best* M. D.
(Address) *Carroll - Mo.*

