

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

51 County Johnson Registration District No. 426
Township Chilhowee Primary Registration District No. 5591
City Holden (No. _____) St. _____ Ward _____

File No. 45748
Registered No. 17

2. FULL NAME

Richard S. McDougal
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances H. McDougal</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29 - 1876</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>5</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>		
10. Date deceased last worked at this occupation (month and year) <u>Sept 1937</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>Joseph McDougal</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Elizabeth Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>J. H. Murray</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Disgah</u> DATE <u>12/7</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. Murray</u>		
20. FILED <u>Dec 10</u> 19 <u>37</u> <u>J. S. Beatty</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937 to December 6, 1937.
I last saw him alive on December 5, 1937. 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 poisoning
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Other contributory causes of importance:
chronic nephritis
myocardial degeneration

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) Kelly Rawlins _____, M. D.
(Address) Holden Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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