

JAN 21 1938

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

Do not use this space.

4

1. PLACE OF DEATH

County Adair Registration District No. 1023
Township Clay Primary Registration District No. 5006
City (No. _____) St. _____ Ward _____

File No. 44501
Registered No. 2

2. FULL NAME Edgar Douglas 212

(a) Residence, No. _____ 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED? HUSBAND OF (OR) WIFE OF Jane West Douglas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) 1926 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 1

13. NAME John Douglas 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 1

15. MAIDEN NAME Isabelle Whitson

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

17. INFORMANT C. O. Douglas (ADDRESS) Hillsboro, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro, Mo. DATE Jan. 7th 1938

19. UNDERTAKER F. R. Early (ADDRESS) Hillsboro, Mo.

20. FILED Jan. 10 1938 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st 1938

22. I HEREBY CERTIFY That I attended deceased from Dec. 26, 1937, to Dec. 26, 1937. I last saw him alive on Dec. 26, 1937. Death is said to have occurred on the date stated above, at 11 A. m.

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

Diabetes Date of onset

Other contributory causes of importance: 59
age and weakened condition.

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) Dr. M. F. Kennedy, M. D.
(Address) Hillsboro, Missouri

R 7 3

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.

