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.

REC'D MAR 14 1938

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

Do not use this space.

File No. 5749
Registered No. 815

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. General Hospital St. Ward)

Registration District No. 395
Primary Registration District No. 1002

2. FULL NAME Mr. Bruce W. Douglass 242
(a) Residence, No. 105 W. 39 th. St. 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: 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) Aug. 15, 1920

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
17	6	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Westport High School
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) Anderson Ind.

FATHER
13. NAME Benoni D. Douglas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Branch Iowa

MOTHER
15. MAIDEN NAME Blanche McCauley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Iowa

17. INFORMANT B. D. Douglas
(ADDRESS) 105 W. 39 th. st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harvey Iowa DATE Feb. 18, 1938

19. UNDERTAKER D. M. Newcomer's Son's
(ADDRESS) Bill Korrick + Pace

20. FILED Feb 18 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1938

22. I HEREBY CERTIFY That I attended deceased from ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11:50 P. m.
The principal cause of death and related causes of importance were as follows:

Intracranial hemorrhage of the brain
Brain abscess

Date of onset

Other contributory causes of importance:

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, at home, or in public place.
Manner of injury Struck by a motor cycle struck a fire
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ....., M. D.
(Address) ....