

REC'D MAR 24 1938

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

Dr. Walsh

6788

Do not use this space.

148

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001
 (c) City Springfield (d) Street No. 1635 N. Clay St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Douglas Jr. 242

(a) Residence, No. 1635 N. Clay St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Douglas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 67 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plumber
 9. Industry or business in which work was done, as 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) Nashville Tenn.FATHER: 13. NAME John J. Douglas Sr.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow ScotlandMOTHER: 15. MAIDEN NAME Mary E. Mitchell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eidenburgh Scotland17. INFORMANT (ADDRESS) Mrs. J. J. Douglas Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Preston, Mo. DATE Feb. 19, 193819. FUNERAL DIRECTOR (ADDRESS) H. H. Lohmeyer Funeral Home Springfield, Mo.20. FILED Feb 19 1938 Chas A George Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1938 to Feb 16, 1938I last saw him alive on Feb 15, 1938 Death is said to have occurred on the date stated above, at 9 P m.

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

Influenza Date of onset Feb 10 1938
93C
 Other contributory causes of importance: General Myocardial degeneration

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? No23. 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. NoneManner of injury _____
 Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____(Signed) W. T. Walsh M. D.
 (Address) Springfield, Mo.

STATEMENT BY LICENSED EMBALMER

I, Walter E Hamilton, Licensed Embalmer No. 3808

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. me

No. 3808 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)