

REC'D MAY 9 1938

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

13500

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1007
 (c) City Kansas City (d) Street No. 1111 E. 22nd St Registered No. 1480
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Sallie Douglas 242

(a) Residence, No. 1111 E. 22nd 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 <u>Fe</u> | 4. COLOR OR RACE <u>Col.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Learn Douglas</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 - 1893</u> | | |
| 7. AGE | YEARS <u>44</u> | MONTHS <u>6</u> |
| | DAYS <u>15</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>maid</u> | |
| | 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 <u>18</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Longview Texas</u> | | |
| FATHER | 13. NAME <u>Dennis Smith</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u> | |
| MOTHER | 15. MAIDEN NAME <u>Carrie Toole</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u> | |
| 17. INFORMANT (ADDRESS) <u>Aaron Douglas</u> <u>1111 E. 22nd</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Oreston Texas</u> DATE <u>4/6</u> 19 <u>38</u> | | |
| 19. FUNERAL DIRECTOR (ADDRESS) <u>Trickins Bros</u> <u>1729 Lytle</u> | | |
| 20. FILED <u>Apr 6 1938</u> <u>W. W. Brown</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1938 to 4-3-38 1938
 I last saw her alive on Apr 3 1938. Death is said to have occurred on the date stated above, at 4:15 P.
 The principal cause of death and related causes of importance were as follows:
Encephalitis Nov 1937
18
 Other contributory causes of importance:
Hypertensive
neuro
 Name of operation none Date of 4/3
 What test confirmed diagnosis autopsy Was there an autopsy? ye

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) L. J. Gandy M. D.
 (Address) Kansas City
own

(Licensed Embalmer's Statement on Reverse Side)

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.

Autopsy report
Congestion cerebral vessels
Hypostatic Pneumonia
Chronic adhesive Peritonitis

STATEMENT BY LICENSED EMBALMER

I, T. B. Watkins, Licensed Embalmer No. 2889

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

L. E. T. B. Watkins

No. 2889 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed T. B. Watkins
Licensed Embalmer No. 2889

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.)