REC'D JUL 20 1938

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

Do not use this space.

23218

1. PLACE OF DEATH
County Wright
Township Mtn Grove
City Mtn Grove (No. ..... St. ..... Ward)
Registration District No. 908
Primary Registration District No. 4549
File No. .....
Registered No. 36

2. FULL NAME Lyle Elbert Douglass 242
(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 49 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Merle Douglass
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21 1888
7. AGE YEARS 49 MONTHS 6 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Business
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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Grove Mo.

FATHER
13. NAME Geo. M. Douglass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman Mo.

MOTHER
15. MAIDEN NAME Margaret Ferguson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Mo.

17. INFORMANT (ADDRESS) Mrs. Lyle Douglass
18. BURIAL, CREMATION, OR REMOVAL PLACE Old Cem. DATE 6-29, 1938
19. UNDERTAKER (ADDRESS) Botten Funeral Home Mtn Grove Mo.
20. FILED 6-30, 1938 Bernice Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Viewed the body, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

Death by accident from taking an Overdose of Drug (Morphine & Sulph)

Date of onset

Other contributory causes of importance: 179 130

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? Accident 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. home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) George Stapp (Coroner)
(Address) Mtn Grove Mo.

WHITE 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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