RR FEB 17 1940

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

1510
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew 2 Registration District No. 9
(b) Township 0 Primary Registration District No. 4006 Registered No. 47
(c) City or Village Bolckow (d) Street No. 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 James Oliver Dougan
(a) Residence, No. 250 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Jennie M. Dougan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-1860

7. AGE: Years 79 | Months 2 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist
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) Andrew Co Mo

FATHER
13. NAME Thomas E. Dougan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Washington Ind.

MOTHER
15. MAIDEN NAME Nancy Hostetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Jennie M. Dougan (ADDRESS) Bolckow Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolckow Cem DATE 1-16 1940

19. FUNERAL DIRECTOR (NAME) Campbell Funeral Home (ADDRESS) Maryville Mo

20. FILED Jan 17 1940 W P Wood Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1940

22. I HEREBY CERTIFY, That I attended deceased from Jany 14, 1940 to Jany 14, 1940
I last saw h... alive on Jany 13, 1940 Death is said to have occurred on the date stated above, at 9:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency and Mitral Stenosis	1935

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) A H Kelley, M. D.
(Address) Bolckow Mo.

(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.

50M-9-19-38 1 X18603

Received
District Registrar No. [illegible]
District File Number 140-117
Date Filed FEB 13 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by W. Dean Campbell, Registered Apprentice No. ....., working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville Mo

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.)

If this body is not embalmed, above space should be left blank.