

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

Do not use this space.

14669

MAY 17 1940

1. PLACE OF DEATH

County Clinton Registration District No. 206 File No. _____
 Township Lathrop 2 Primary Registration District No. 5284 Registered No. 11
 City Lathrop (No. _____) St. _____ Ward _____

2. FULL NAME

247 Cordelia Douglas
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 D. S. Douglas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 - 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 11 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
 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) Lathrop Mo

FATHER
 13. NAME Yancy Lay
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
 15. MAIDEN NAME Louisa Storum
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop Mo

17. INFORMANT (ADDRESS) Josephine Palmer

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lathrop DATE 4-9 1940

19. UNDERTAKER (ADDRESS) DeMoss CRUNK

20. FILED 4-9-40 1940 U.S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1938 19____ to Apr 7 - 1940 19____
 I last saw her alive on Apr. 6th 1940 19____ Death is said to have occurred on the date stated above, at 10:45 p.m.

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

Carcinoma of breast Date of onset 1936
 Other contributory causes of importance: 50

Name of operation _____ 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) E. P. D. Williams, M. D.
 (Address) Lathrop Mo

RECEIVED
District Attorney General
District File Number 5-40-769
Date Filed MAY 16 1940