

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

Do not use this space.

36644

1. PLACE OF DEATH

County Henry
Township Waverly
City Waverly

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Jas. F. Douglass
(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ___ hrs. or ___ min. 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Windsor
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Steel Douglass

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chilhowe
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Onelia Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Windsor
(STATE OR COUNTRY) Mo

14. INFORMANT Steel Douglass
(Address) Waverly Mo

FILED Dec 25 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 24 to Dec 24 1927
that I last saw him on Dec 24 1927 and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Baby was dead when I reached home
Don't know cause

CONTRIBUTORY (SECONDARY) 205B

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. J. Jennings M. D.
Windsor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo. DATE OF BURIAL Dec 25 1927

20. UNDERTAKER N. E. Huston Windsor Mo.

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.

