

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

Do not use this space.

8464

**1. PLACE OF DEATH**

County Herry  
Township \_\_\_\_\_  
City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 5  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Frank Minor Douglass  
(a) Residence. No. north main 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. 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 Mr E A Douglass

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 1843

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>10</u>	<u>3</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Physician  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Peru Ind  
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel A Douglass

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

12. MAIDEN NAME OF MOTHER Catharine Stroder

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

14. INFORMANT Mrs E A Douglass  
(Address) Clinton

15. FILED 3/10 1930 Dr. E. C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1930

17. I HEREBY CERTIFY, That I attended deceased from March 7 1930, to March 8 1930 that I last saw him live on March 8 1930, and that death occurred, on the date stated above, at 7:15 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
cardiac renal disease  
95B  
137 years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertrophy of Prostate  
years (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS chemical  
(Signed) S W Wolzgen M. D.  
, 19 (Address) Clinton Mo

\*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 Englewood Cem  
DATE OF BURIAL 3/11 1930

20. UNDERTAKER Spore & Son  
ADDRESS Clinton 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.

MAR 15 1930  
42  
4  
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