

MARGIN RESERVED FOR BINDING

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.

PLACE OF DEATH

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

County _____

Township _____

or _____

Village _____

or _____

City _____

Registration District No. **791**

File No. **21886**

Primary Registration District No. **1903**

Registered No. **5332**

St. Louis (No. **6586** Bradley St. **24** Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME **James C. Douglas**

PERSONAL AND STATISTICAL PARTICULARS

SEX **male** COLOR OR RACE **white** SINGLE MARRIED WIDOWED OR DIVORCED **Single**
(Write the word)

DATE OF BIRTH **1840**
(Month) (Day) (Year)

AGE **76** yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work **Retired**
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) **Scotland**

PARENTS NAME OF FATHER **James Douglas** BIRTHPLACE OF FATHER (City or town, State or foreign country) **Scotland**
MAIDEN NAME OF MOTHER **Jane Johnston** BIRTHPLACE OF MOTHER (City or town, State or foreign country) **Scotland**

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Cornet's Office for**
(ADDRESS) **P. L. Carriere Deputy**

Filed **JUL 13 1910** **W. H. Wheeler Bond** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **July 12** 19**10**
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,
~~was found dead~~ and that death occurred, on the date, stated above, at **2⁰⁰ P. M.**

The CAUSE OF DEATH* was as follows:

Apoplexy
3:30 P.M.
1910

Contributory **arteriosclerosis**
(SECONDARY) **coma** (Duration) _____ yrs. mos. ds.

(Signed) **P. L. Carriere** M. D.
7/13 1910 (Address) **Deputy Cornet**

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. mos. ds. In the State _____ yrs. mos. ds.

Where was disease contracted If not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL **Bellefontaine** DATE OF BURIAL **June 14 1910**
UNDERTAKER **Wm Ambuster** ADDRESS **11236 Manchester**

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



(92)
100: 25

STATE OF MISSOURI,)
) (SS.
City of St.Louis.)

HE IT REMEMBERED: That on this 26th day of September, A.D. 1910, before me, Alfred A. Mathey, a Notary Public within and for the City of St.Louis, State of Missouri, qualified for a term expiring March 3rd, A.D.1911, personally came T.L.Carriere, M.D., Deputy Coroner, who, being by me duly sworn, on his oath, states as follows, to-wit:

That as such Deputy Coroner of the City of St.Louis, Mo., on the 13th day of July, A.D.1910, he personally conducted an inquest on the body of one JAMES S. DOUGLAS, as is evidenced by Death Certificate No. 5832, on file in the office of the Bureau of Vital Statistics, at Jefferson City, Missouri.

Affiant states that in issuing said Death Certificate the middle initial of the name of the deceased was so written that it may be taken for an "C" and has been taken for an "C" instead of an "S", and that the proper name of said deceased, as disclosed at the inquest is James S. Douglas.

T. L. Carriere M.D.

Subscribed and sworn to before me this 26th day of September, A.D.1910.

Alfred A. Mathey
Notary Public, City of St.Louis, Missouri.