JUN 25 1929

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

Do not use this space.

17868

1. PLACE OF DEATH
County Trundy
Township Marion
City Dunlap (No. ..... St. ..... Ward)

Registration District No. 327
Primary Registration District No. 5454

File No. .....
Registered No. 13

2. FULL NAME Wm H. Douglas

(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. 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30-1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	10	21	

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

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

PARENTS

10. NAME OF FATHER Geo. Douglass
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Mary Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Clyde Douglas
(Address) Dunlap Mo

15. FILED 5-21-1929 U C Weston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1929

17. I HEREBY CERTIFY, That I attended deceased from January, 1929, to May 20, 1929 that I last saw him alive on May 5, 1929, and that death occurred, on the date stated above, at 2:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular heart disease
92A
97
90A
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 10 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? ✓

(Signed) E J [illegible], M. D
5/21, 1929 (Address) [illegible] 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: Rural Dale Cem
DATE OF BURIAL: May 21 1929

20. UNDERTAKER: P K Payne
ADDRESS: Galt 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.