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

Do not use this space.

2806

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 603383 — Registered No. 24
City Pine Lawn (No. 6511 Oxford Lane St. Ward)

2. FULL NAME SPENCER NOBLE DOUGLAS
(a) Residence. No. 6511 Oxford Lane 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. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

FEB 23 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
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) Jan 8th 1930
7. AGE: Years 1 — Months — Days 12 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Pine Lawn
(STATE OR COUNTRY) MO
PARENTS
10. NAME OF FATHER Spencer Douglas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooter
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Bessie Cooper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Centerville
(STATE OR COUNTRY) Tenn
14. INFORMANT Spencer Douglas
(Address) 6511 Oxford Lane.
15. FILED 1/21, 1931 Joela Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 - 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 19 Jan 20, 1931, to Jan 20, 1931, that I last saw him alive on Jan 19, 1931, and that death occurred, on the date stated above, at 5 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
1077 Bronchopneumonia
1018
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute Bronchitis
(duration) yrs. mos. 10 ds.
18. WHERE WAS DISEASE CONTRACTED? 1079
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W N Lowry, M.D.
1/21, 1931 (Address) 5717 Sylvan Pl

*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: COOTER, MO — DATE OF BURIAL: Jan 21 1931
20. UNDERTAKER: Tanner Funeral Home L. B. Tanner — ADDRESS: 6107 Natural Bridge Rd

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.