

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

Do not use this space.

33329

1. PLACE OF DEATH

County Shelby Registration District No. 830
 Township East River Primary Registration District No. 6091
 City Shelbyville (No.) St. Ward)

File No. 27
 Registered No.

2. FULL NAME

Bobby Marie Douglas
 (a) Residence. No. Hospital 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 | 8 | 27 | |

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) Shelby Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Marvin Douglas

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

12. MAIDEN NAME OF MOTHER Ruby McCrecker

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

14. INFORMANT Marvin Douglas
 (Address) Shelbyville, Mo.

15. FILED Oct 31 1931 Madge Yorch
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1931

17. I HEREBY CERTIFY That I attended deceased from Sept 17, 1931, to Sept 24, 1931.
 that I last saw him alive on Sept 24, 1931, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Intero Colitis

CONTRIBUTORY (SECONDARY)

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John H. ... M. D.
 (Address) Shelbyville, 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 Shelbyville, Mo. 2007 Cemetery DATE OF BURIAL Sept 26 1931

20. UNDERTAKER Joe Cannon Son ADDRESS Shelbyville, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 29 1931

