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.

SEP 14 1934

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

Do not use this space.

32289

1. PLACE OF DEATH

County: Clay — Registration District No.: 203 — File No.:

Township: Platte — Primary Registration District No.: 4122 — Registered No.: 13

City: Smithville (No. ..., ... St. ..... Ward)

2. FULL NAME: Earl Glenn 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	4. COLOR OR RACE	5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND ~~OR WIFE~~ OF: Rosalie Hoover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 13 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	31	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gas Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C. W. A. Worker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County Mo.

FATHER

13. NAME: Charles L. Douglas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County Mo.

MOTHER

15. MAIDEN NAME: Lucy M. Swinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County Mo.

17. INFORMANT (ADDRESS): Rosalie Hoover Douglas Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Paradise Cemetery DATE: Sept 3 1934

19. UNDERTAKER (ADDRESS): S. A. McComan Smithville Mo.

20. FILED: 9-3- 1934 E. C. Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally	
of Electric Motor.	
Came in contact with short	
circuit wiring of electric motor	
~~Other contributory causes of importance~~ he was	
helping install an electric	
pump in the well under	
construction by the city.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Marvin Hazel Dep. Coroner Clay Co.

(Address) Liberty Mo.