

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

Do not use this space.

33279

1. PLACE OF DEATH

55 County Lawrence Registration District No. H 67
Township _____ Primary Registration District No. H 180
City Lawrence, Mo. (No. _____) (St. _____ Ward _____)

File No. _____
Registered No. 48

2. FULL NAME

Edwin James Douglas
(a) Residence, No. Hurley Sub 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. 6 mos. _____ da. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Douglas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 1865</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>2</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>general farm</u>		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Desman, Iowa</u>		
13. NAME <u>Jasper Douglas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Edw Douglas</u> (ADDRESS) _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield</u> DATE <u>Sept 2 1934</u>		
19. UNDERTAKER (ADDRESS) <u>T. B. Schaffer</u> <u>212 1/2 E. 1st</u>		
20. FILED <u>Sept 3 1934</u> <u>R. P. Cannon, M. D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1934 to Sept 3 1934
I last saw him, alive on Sept 3 1934 Death is said to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:
Diabetic Gangrene Date of onset _____
Other contributory causes of importance: 59 5/10 57

Name of operation amputation leg Date of Aug 25 34
What test confirmed diagnosis? biopsy 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) R. W. Smart M. D.
(Address) Lawrence, Mo.

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.

