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.

FEB 18 1936

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

Do not use this space.

403

1. PLACE OF DEATH
County Calloway Registration District No. 154 File No.
Township Primary Registration District No. 3008 Registered No. 2
City Fulton (No. , St. Ward)

2. FULL NAME Elizabeth Lucetta Douglas
(a) Residence, No. 517 Grand Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant at State Hosp # 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1935
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portland Mo.

FATHER
13. NAME Hiram Calvin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Emma Neff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT William Calvin
(ADDRESS) Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest DATE Jan 5, 36, 19

19. UNDERTAKER Les L. Wallace
(ADDRESS) Fulton Mo.

20. FILED Jan 4, 1936 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Jan. 3, 1936, 19
I last saw her alive on Jan. 3, 1936, 19 Death is said to have occurred on the date stated above, at 5:08PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & myocardial degeneration	DK
Other contributory causes of importance: Acute exacerbation of chronic cholecystitis	12/29 35

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external cause (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? no
If so, specify
(Signed) E. E. Landis, M. D.
(Address) Fulton Mo