

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 24 1936

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

Do not use this space.

31431

1. PLACE OF DEATH
County Jefferson Registration District No. 420
Township Waller Primary Registration District No. 3022
City Wentz (No. 5574) Registered No. _____
St. _____ Ward _____

2. FULL NAME James William Douglass
(a) Residence, No. Desoto Mo. R.R. #3 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 1936

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

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

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) Jefferson Co. Mo.

FATHER

13. NAME Allen Douglass

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

MOTHER

15. MAIDEN NAME Laura Ahrens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

17. INFORMANT Allen Douglass
(ADDRESS) Desoto Mo. R.R. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cemetery DATE Aug 21 1936

19. UNDERTAKER M. O. Hirsch
(ADDRESS) Desoto Mo. R.R. #3

20. FILED Aug 22 1936 May Rendingast
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1936 to Aug 20, 1936

I last saw him alive on Aug 20, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Prematurity

1870

Other contributory causes of importance: Patent Foramen Ovale

Date of onset

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) J. P. Ingels, M. D.
(Address) Desoto Mo.

