

50 MAR 9 1939

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

5481  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Row Primary Registration District No. 1002 Registered No. 680  
 (c) City Newmarket Mo. (d) Street No. Wheatley Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Gertrude Alberta Douglas  
 (a) Residence, No. 513 N. Hoeker St. Indep. Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
44 yrs — 5 ds

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework  
 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) UNKNOWN MISSOURI

FATHER 13. NAME Willie Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KENTUCKY

MOTHER 15. MAIDEN NAME Haney Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) Stella Mae Obridge 513 N. Hoeker St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Feb 18, 1939

19. FUNERAL DIRECTOR (ADDRESS) C.E. Davis 312 E. Lexington St.

20. FILED 7/17 1939 Indep. Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12 1939 to 2-15, 1939.

I last saw her alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 12:20 P.M.

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

Hysterectomy Date of onset  
Fibroid tumor of uterus  
54 B.

Other contributory causes of importance:  
Shock

Name of operation Hysterectomy Date of Feb 15

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) L. W. Brown M.D.

(Address) 701 E 12 St

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**