

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

Do not use this space.

35017

File No. _____
Registered No. **92** St. _____ Ward)

JAN 7 1932

1. PLACE OF DEATH

County **Carroll** Registration District No. **135-**
Township **Carrollton** Primary Registration District No. **3010**
City **Carrollton** (No. _____) St. _____ Ward)

2. FULL NAME

Robert K. 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 19, 1843**
7. AGE YEARS **87** MONTHS **9** DAYS **10** If LESS than 1 day, _____ hrs. or _____ min.

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. **Farmer 155**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **150**

12. BIRTHPLACE (CITY OR TOWN) **Ganville** (STATE OR COUNTRY) **Kentucky**

13. NAME **Pasco K Douglas**
14. BIRTHPLACE (CITY OR TOWN) **not known** (STATE OR COUNTRY) _____

15. MAIDEN NAME **Middie W. Lee**
16. BIRTHPLACE (CITY OR TOWN) **not known** (STATE OR COUNTRY) _____

17. INFORMANT **Edw. Bowen** (ADDRESS) **Logansport**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Van Horn** DATE **Dec 21 1932**

19. UNDERTAKER **E. J. Dieffenderfer** (ADDRESS) **Logansport**

20. FILED **1932** **Mr. E. J. Farnham** Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-29-1932**
22. I HEREBY CERTIFY, That I attended deceased from **11-28-** 19**32**, to **11-29-** 19**32**
I last saw him alive on **11-29-** 19**32** Death is said to have occurred on the date stated above, at **10 a.m.**
The principal cause of death and related causes of importance were as follows:

Heart 7 left
leg
155
Other contributory causes of importance _____
Date of onset _____

Name of operation **Amputation** Date of **11-27-32**
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) **Edw. Bowen**, M. D.

(Address) **Carrollton 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.

