

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.

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

Do not use this space.

1. PLACE OF DEATH
 26 County Cole Registration District No. 213
 3 Township Jefferson Primary Registration District No. 3014
 5 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Miss Sarah Katherine Douglas 24
 (a) Residence, No. 126 W. Miller 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.

2503

File No. _____
 Registered No. 24

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>83</u>	<u>2</u>	<u>4</u>	

OCCUPATION

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County, Indiana

FATHER

13. NAME John Coster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME Margaret Shipley

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

17. INFORMANT Mrs. M. E. Bradford
 (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clarkeburg, Mo. DATE Jan 18, 1938

19. UNDERTAKER Buecher Funeral Home
 (ADDRESS) By Miller Buecher

20. FILED 1/17/1938 D. H. Cooper, M. D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1938

22. I HEREBY CERTIFY That I attended deceased from 12-11, 1937, to 1-16, 1938.
 I last saw him alive on 1-16, 1938. Death is said to have occurred on the date stated above, at 12 A. M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset 1924
Chronic Myocarditis 1926
Bronchopneumonia 1-8-38

Other contributory causes of importance: a3c

RECEIVED

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did the injury occur? _____ (City or town, county, and State)
 Specify whether 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) D. H. Cooper M. D.
 (Address) Jefferson City, Mo.

