MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

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

PLACE OF DEATH

County Platte

Township ____ or Village ____ or City Dearborn (NO. ____ St.; ____ Ward)

Registration District No. 692 File No. 10311

Primary Registration District No. 4414 Registered No. ____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Samuel Duck

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

DATE OF BIRTH: April (Month) 29 (Day), 1841 (Year)

AGE: 71 yrs. 10 mos. 3 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 10 years.

BIRTHPLACE (City or town, State or foreign country): Indiana. 5-01

PARENTS
NAME OF FATHER: John Duck.
BIRTHPLACE OF FATHER (City or town, State or foreign country): Ind.
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Duck, Jr.

(ADDRESS) Dearborn, Mo.

Filed March 15, 1913. M H Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21

DATE OF DEATH: March (Month) 2 (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 29, 1913, to Feb 22, 1913, that I last saw him alive on Feb 22, 1913, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Tachycardia 85

95A

69B (Duration) 4 yrs. X mos. X ds.

Contributory (SECONDARY) Corpulency (Duration) 7 yrs. X mos. X ds.

(Signed) M H Moore M. D.

March 15, 1913 (Address) Dearborn Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? At place of residence

Former or usual residence Dearborn Mo

PLACE OF BURIAL OR REMOVAL: Masonic Cemetery

DATE OF BURIAL: 3/3 - 1913

UNDERTAKER: Brunes & Son

ADDRESS: Dearborn, Mo.