

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

31066

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 1146  
 City St. Joseph No. Emmanuel Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Ellen Ducoing  
 (a) Residence. No. Rt. #2 St. Joe 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. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y 21, 1880

7. AGE 40 YEARS 8 MONTHS 10 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Nebraska

10. NAME OF FATHER Wm. J. Logan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Nebr.

12. MAIDEN NAME OF MOTHER Mary Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph, Mo.  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Geo. D. Ducoing  
 (Address) Rt. #2, St. Joseph, Mo.

15. **OCT 12, 1920** FILED George M. Boteler, M.D. REGISTRAR  
EA

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10th, 1920

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1920, to Oct 10, 1920  
 that I last saw h. alive on Oct 9, 1920, and that death occurred, on the date stated above, at 6:35 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute hemorrhagic Pneumonia  
Acute Cholecystitis

CONTRIBUTORY (SECONDARY) 11/3 (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH, DATE OF October 9  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF October 9  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Operation  
 (Signed) Ch. Yetter, M. D.  
Oct. 11, 1920 (Address) 120 So. 7

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Green Valley Cem. DATE OF BURIAL Oct 12, 1920  
 20. UNDERTAKER Heaton-Beyale Und. Co. ADDRESS 754 S. 1st St.

*by J. H. Hasler*

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.

