

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (In St. Marys Ward)

Registration District No. _____

Primary Registration District No. _____

File No. 4841

Registered No. _____

St. _____ Ward

2. FULL NAME

Anthony A. Duke
(a) Residence No. 3038 Arber St. 14 Ward

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ella M Duke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 8 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Printer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mass

10. NAME OF FATHER John P. Duke

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

12. MAIDEN NAME OF MOTHER Ann Gill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs H Steward
(Address) 1810 Ward Ave

15. FILED 2-4-28 M M Crease REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 - 1928

17. I HEREBY CERTIFY, That I attended deceased from August 1926 to Feb 3 1928 that I last saw him alive on Feb 2 1928 and that death occurred, on the date stated above, at 11:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of cheek, left, with metastases
45E
117 (duration) yrs. 4 mos. da.

CONTRIBUTORY (SECONDARY) Bronchial asthma
35 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 43 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct. 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Exam.
(Signed) Leo A. O'Brien, M. D.
74, 19 28 (Address) 923 Med Arts Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Feb 6 - 1928

20. UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

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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