APR 28 1930

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

Do not use this space.

8365

1. PLACE OF DEATH
County Greene — Registration District No. 218
Township — Primary Registration District No. 2001
City Springfield (No. St. Johns Hospital St. Ward)
File No.
Registered No. 211

2. FULL NAME James Duke Furnett
(a) Residence. No. Seligman Mo. 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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dont know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): (9) 1867

7. AGE: Years 63 | Months unknown | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Agent RR
(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): Ark.

PARENTS
10. NAME OF FATHER: Dont know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: J. N. Flynn
(Address): Harrison Ark.

15. FILED 3/9 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-9-1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1930, to Mch 9th, 1930, that I last saw him alive on Mch 8, 1930, and that death occurred, on the date stated above, at 6 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
95B
97A
133C
(duration) yrs. mos. 45 ds.

CONTRIBUTORY (SECONDARY): High Blood pressure, Heart disease, Kidney disease (duration) yrs. mos. ds. do not know

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Leslie Ark
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical cause & Physical examination
(Signed) H. O. Lowe, M. D
3/9, 1930 (Address) Springfield Mo

*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: Seligman Mo. — DATE OF BURIAL: 3-10-30 19

20. UNDERTAKER: W. Farrell — ADDRESS: [illegible]

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.