

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

Do not use this space.

9571

**1. PLACE OF DEATH**

County Mississippi  
Township Wolf Island  
City (No. ....) St. .... Ward .....

Registration District No. 576  
Primary Registration District No. 5767

File No. ....  
Registered No. 31  
St. .... Ward .....

**2. FULL NAME** James DuKes

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Manda DuKes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>m 1865</u>		
7. AGE YEARS	MONTHS	DAYS
<u>about 65</u>		
If LESS than 1 day, .... hrs. or .... min.		

8. OCCUPATION OF DECEASED Farm Laborer

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Graves Co. Ky  
(STATE OR COUNTRY)

10. NAME OF FATHER Dont Know

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

12. MAIDEN NAME OF MOTHER Lus Bowden

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

14. INFORMANT J. M. Strands  
(Address) Wolf Island, Mo

15. Mar 20 1920 J. S. Vernon  
FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/24/30 12:00 PM  
1920

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:-  
Valvular Heart Disease  
Mitral disease  
This old man free dead  
from heart trouble (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92% (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED POA

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF .....

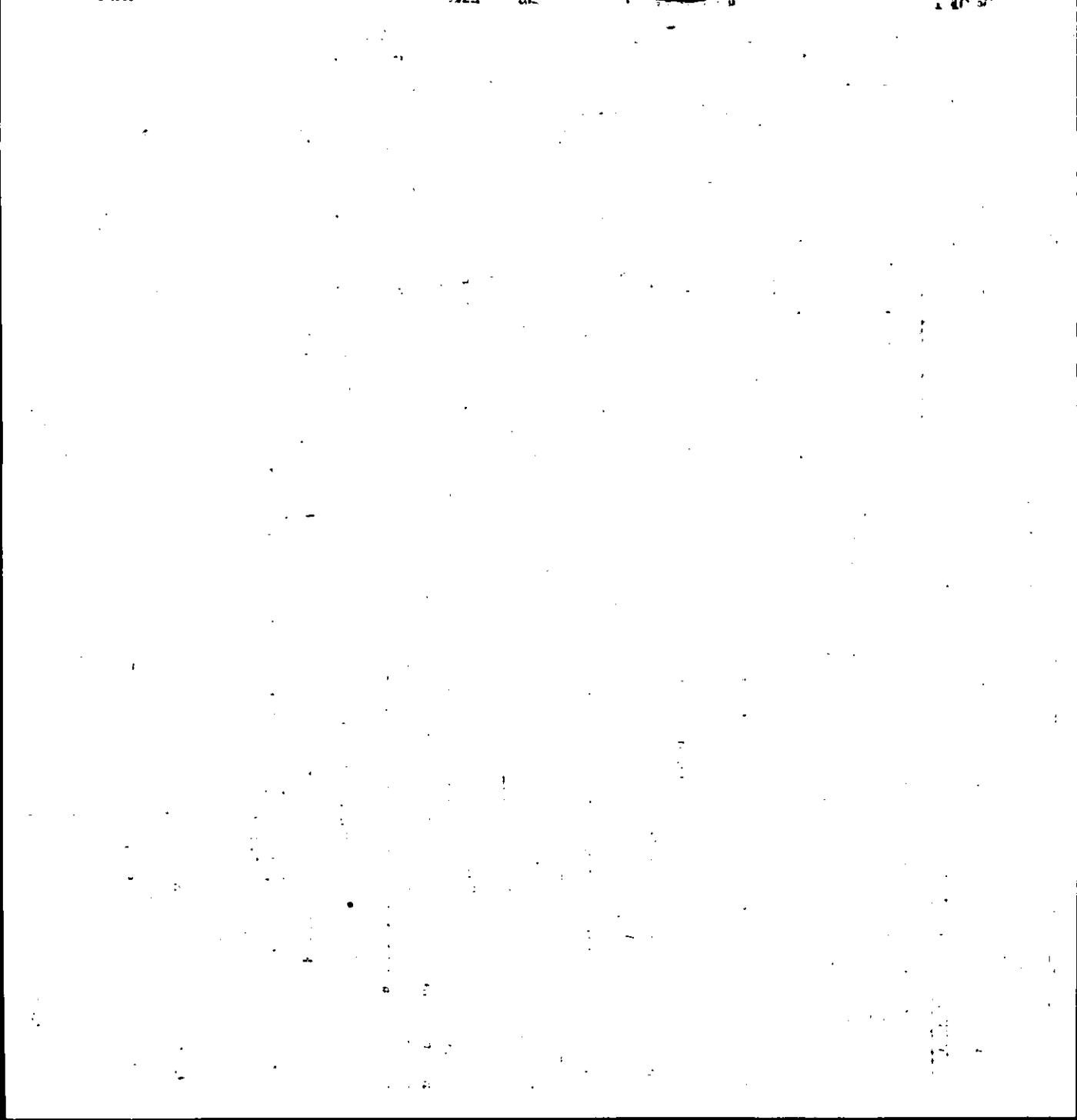
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Family History  
(Signed) Frank S. Vernon M. D.  
. 19 (Address) Charleston Ky

\*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 Grays Cemetery - Salted Mo DATE OF BURIAL 3/25 1930

20. UNDERTAKER The Law and Co ADDRESS Charleston Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Missouri Registration District No. 367 File No. \_\_\_\_\_  
 Township Wey Island Primary Registration District No. 5767 Registered No. 49  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 30 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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5A. (IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF) Amanda Dukes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 65 +

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

9. BIRTHPLACE (CITY OR TOWN) Graves  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Dont

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Know  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Bowden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Key  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT D. M. Strand  
 (Address) Wey Island Mo

15. FILED 5-12-30 Duffin Hodge  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/24 1938

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular Heart Disease  
mitral Disease  
This old man fell dead  
from heart trouble  
 (duration) \_\_\_\_\_ yrs. mos. ds.  
 (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? family history  
 (Signed) Frank S. Jensen M. D.  
 , 19\_\_\_\_ (Address) Charleston 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 Graves Cemetery DATE OF BURIAL 3/25 1938  
Wey Island Mo

20. UNDERTAKER The Linn and Co ADDRESS Charleston Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH IN plain terms, so that it is clearly understood by the general public, and the property character of the statement of cause of death is very important

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