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.

AUG 26 1930

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

Do not use this space.

22564

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township Springfield — Primary Registration District No. 2001
City Springfield (No. 700 N. Kansas St. Ward)

File No.
Registered No. 546

2. FULL NAME Katie Mabel Duden
(a) Residence. No. 700 N. Kansas 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. 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 David L. Duden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25-1856

7. AGE: Years 73 — Months 6 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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) ~~Ky~~ Ill

PARENTS
10. NAME OF FATHER C. W. Browning
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Susan Parrott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Philip Brame
(Address) Springfield, Mo.

15. FILED 7-15, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-14- 1930

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930, to July 14, 1930, that I last saw her alive on July 14, 1930, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Cerebral Hemorrhage
82D (Hemiplegia)
97 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Senile
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) Chas. A. George, M. D.
7-15, 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: East Lawn Cemetery — DATE OF BURIAL: July 16 1930

20. UNDERTAKER: J. W. Klingner & Co. 424 E. Conil St. — ADDRESS: Springfield, Mo.

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