

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

Do not use this space.

23446

1. PLACE OF DEATH

County Lewis
Township Canton
City Canton (No. _____)

Registration District No. 477
Primary Registration District No. 4286

File No. _____
Registered No. 30
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 _____ yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 15, 1920</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>9</u>	<u>9</u>	<u>22</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>194</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>36</u>				
(c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) Lewis County
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Hudson Durkee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lewis Co.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Ellen Little
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lewis Co.
(STATE OR COUNTRY)

14. INFORMANT Hudson Durkee
(Address) Canton Mo

15. FILED 7-8, 1930 H. W. Harris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7, 1930
17. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1930 to July 7th, 1930 that I last saw him alive on July 7, 1930 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia due to infection of the foot caused by puncture of foreign body. (duration) _____ yrs. _____ mos. 4 6 ds.

CONTRIBUTORY (SECONDARY) 4 7 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH minor operation of opening foot
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ 6-30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. W. Jennings, M. D.
, 19 _____ (Address) Canton 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 Forest Grove DATE OF BURIAL July 8, 1930

20. UNDERTAKER F. D. Kelly ADDRESS Canton Mo

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 very important.

AUG 26 1930

