

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.

SEP 25 1930

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

Do not use this space.

27052

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Donald Burton Duvall
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Parsons, Kan.
(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 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 9 11

8. OCCUPATION OF DECEASED
(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) Parsons Kan
(STATE OR COUNTRY)

10. NAME OF FATHER L. R. Duvall

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

12. MAIDEN NAME OF MOTHER Bertine Vaughn

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

14. INFORMANT Beattie Duvall
(Address) Parsons

15. FILED 8/1 19 30 W. B. Bennett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 26 1930
Aug 26 1930, 1930 Aug 26 1930
that I last saw alive on Aug 24 1930 and that death occurred on the date stated above, at 3:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1308
MI. lobitis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) MI. O
(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?
(Signed) Ellsworth Wood M. D.
8.27.1930 (Address) Joplin 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 Parsons Kan. DATE OF BURIAL 8/26 1930

20. UNDERTAKER W. B. Bennett ADDRESS Joplin

