

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

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

Do not use this space.

①

39955-1

39955-K

1. PLACE OF DEATH  
 County Lawrence Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City Stotts City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maggie Frances Duke  
 (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 2 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) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. N. Duke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-15-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____hrs. or _____min.
	<u>54</u>	<u>10</u>	<u>9</u>	

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) Largoxie  
 (STATE OR COUNTRY) Mo. Jasper Co.

10. NAME OF FATHER Wm Barnes

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

12. MAIDEN NAME OF MOTHER Mary Woods

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

14. INFORMANT M. N. Duke  
 (Address) Stotts City Mo.

15. FILED 1-21, 1931 Thos H Powell  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Dec 24, 1930 that I last saw her alive on Dec 24, 1930, and that death occurred, on the date stated above, at 5-7 p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Subsception  
122 B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 118 B1  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Charles Coffey M. D.  
 , 19 \_\_\_\_\_ (Address) Stotts City 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 Loss Cemetery DATE OF BURIAL 12/28 1930

20. UNDERTAKER Phillips and Fossett ADDRESS not Vernon

