

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.

JUN 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Wadsworth
City Wadsworth (No. _____)

Registration District No. 266
Primary Registration District No. 5-378

File No. 17570
Registered No. 38
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1854

7. AGE YEARS 76 MONTHS 10 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Huntsville Ala. (STATE OR COUNTRY)

13. NAME Richard H. Durham

14. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

15. MAIDEN NAME Albina Jane Harris

16. BIRTHPLACE (CITY OR TOWN) Ala. (STATE OR COUNTRY)

17. INFORMANT America Durham (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

X PLACE Smith Mo. DATE May 17 1934

X19. UNDERTAKER Made by a carpenter (ADDRESS)

20. FILED 7/17 19 31 W. E. Rustel, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11 1934 to May 16 1934

I last saw him alive on May 16 1934. Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Chorea Date of onset _____

131

Other contributory causes of importance:

131

Name of operation None Date of _____

What test confirmed diagnosis? Physically Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? W Date of injury W, 19 _____

Where did injury occur? W (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? W

If so, specify _____

(Signed) Leslie Randall M. D.
(Address) Licking Mo.

1944
1945
1946