

JUN 29 1931

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

Do not use this space.

20221

1. PLACE OF DEATH

County Scotland Registration District No. 809
Township Harrison Primary Registration District No. 6054
City (No.) St. Ward

File No.

Registered No. 82. FULL NAME DRUSCILLA DUELL(a) Residence, No. Gorin, Mo. 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Duell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
76 0 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None work10. Date deceased last worked at this occupation (month and year) 1-1930 11. Total time (years) spent in this occupation 5012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo.13. NAME Milton Price14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Aletha Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Mo.17. INFORMANT (ADDRESS) Mrs Raley Miller18. BURIAL, CREMATION, OR REMOVAL PLACE Waconda Cemetery DATE May 26, 193119. UNDERTAKER'S (ADDRESS) John H. Bastard
Gorin, Mo.20. FILED May 25, 1931 J. M. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 193122. I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to May 24, 1931I last saw h. alive on May 24, 1931. Death is said to have occurred on the date stated above, at 11:30 A.

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

93D Date of onsetCerebral Hemorrhage(second stroke)

Other contributory causes of importance:

Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical. Was there an autopsy? No

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

Where did injury occur? _____ (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? NoIf so, specify _____ (Signed) Don Peere, M. D.(Address) Gorin, Mo.

