

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

Do not use this space.

30302

**1. PLACE OF DEATH**

County Hotchkiss  
Township Gen  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 839  
Primary Registration District No. 6100

File No. \_\_\_\_\_  
Registered No. 36  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Theodore Dal Duckworth

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. 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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 26 - 1930</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>9</u>	<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Essau, Mo.</u>		
MOTHER	13. NAME <u>Royal Duckworth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Olephia F. Trotter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Royal Duckworth</u> (ADDRESS) <u>Essau, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Essau Cem</u> DATE <u>8-21-1931</u>		
19. UNDERTAKER (ADDRESS) <u>none</u>		
20. FILED <u>8-21, 1931</u> <u>J. P. Brandon</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1931, to 8-21-1931.  
I last saw him alive on 8-21-1931. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Perniciosa Malaria Date of onset 8-10-31  
38 50  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Smear 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? no  
If so, specify John P. Brandon, M. D.  
(Signed) \_\_\_\_\_ (Address) Essau, Mo.

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 20 1931

