

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.

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

Do not use this space.

35219

1. PLACE OF DEATH

County Dunklin
Township Godia
City Portageville (No. _____)

Registration District No. 114
Primary Registration District No. 3869

File No. 34
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-25-1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Portageville
(STATE OR COUNTRY) Mo

13. NAME not given

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

15. MAIDEN NAME Jessie Duckworth

16. BIRTHPLACE (CITY OR TOWN) Dunklin Co
(STATE OR COUNTRY) Mo

17. INFORMANT Chas Duckworth
(ADDRESS) Portageville Mo

18. BURIAL, CREMATION OR REMOVAL
PLACE Portageville DATE 10-26-1931

19. UNDERTAKER Portageville
(ADDRESS) Portageville Mo

20. FILED 11/1 1931
Registrar. W. C. Wood

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-1931

22. I HEREBY CERTIFY, That I attended deceased from Saw it when born, only, 1931

I last saw him alive on Oct., 20th, 31, 19 Death is said to have occurred on the date stated above, at 10 P.M.

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

Date of onset

Premature, approximately 5 Mo.

159 159

Other contributory causes of importance:

Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931

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? _____

If so, specify _____

(Signed) A. H. Pender M. D.

(Address) Portageville, Mo

