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

Do not use this space.

36890

File No. 1119

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City: St. Joseph — (No. Missouri, Methodist Hospital St. Ward)

2. FULL NAME: Bernard B. Durkin

(a) Residence, No. 6215 Sherman street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF: Martha Durkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22, 1887

7. AGE — Years: 44 — Months: 3 — Days: 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Meat Packing Co.

10. Date deceased last worked at this occupation (month and year): November 1, 1931.

11. Total time (years) spent in this occupation: Unknown.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Ottumwa Iowa.

FATHER

13. NAME: John Durkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Wales

MOTHER

15. MAIDEN NAME: Elizabeth Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT: Mrs Martha Durkin
(ADDRESS) 6215 Sherman st.-St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ - Mt. Olivet Cemetery
PLACE St. Joseph Mo. DATE Nov. 4, 19 31

19. UNDERTAKER: A. L. Sidenfader
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED NOV 3 1931, 19 John R. Bender M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 1, 19 31

22. I HEREBY CERTIFY, That I attended deceased from ~~Viewed on~~ Nov 2-31, 19, at 8 A.M., 19

I last saw h. alive on, 19. Death is said to have occurred on the date stated above, at 8 A.M. Nov-1931

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

	Date of onset
Fractured Skull, Cause & circumstances unknown	
found in an alley-	
194B	
75B	

Other contributory causes of importance: Acute Alcoholism

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/1, 19 31

Where did injury occur? St. Joseph Mo.
(Specify city or town, county, and State)

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

Manner of injury: Unknown

Nature of injury: Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) 821 Francis

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.

FILING WITH ONE FORM IS A PERMANENT RECORD

DEC 21 1931