

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

Do not use this space.

37441

**1. PLACE OF DEATH**

County Gentry Registration District No. 330  
Township \_\_\_\_\_ Primary Registration District No. 3017  
City Newton (No. 431 W. 11th)

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

**2. FULL NAME**

Jessie Raymond Duke  
(a) Residence, No. 431 W. 11th St., \_\_\_\_\_ Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 36 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 Katie Duke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
48 7 8

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Iowa

FATHER 13. NAME W. L. Duke

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

MOTHER 15. MAIDEN NAME Mary Jane M. Creevy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Iowa

17. INFORMANT (ADDRESS) J. Duke Newton Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Gentry Center DATE Dec. 7 1931

19. UNDERTAKER (ADDRESS) Raymond A. Davis 344 1/2 1st St Newton Mo

20. FILED Nov 6 1931 E. A. Duffey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-5 1931, to 11-5 1931.

I last saw him alive on 11-5 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:

56 Acute endocarditis 10-20-31  
71A  
56  
Other contributory causes of importance:  
Acute Rheumatism 10-2-31

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? no 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) D. U. \_\_\_\_\_, M. D.  
(Address) Deborah Dean \_\_\_\_\_  
Newton 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.

DEC 22 1931

