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

Do not use this space.

41332

File No.
Registered No. 124

1. PLACE OF DEATH
County: Jasper
Township:
City: Webb City (No. , St. Ward)
Registration District No. 417
Primary Registration District No. 3021

2. FULL NAME Hylie C. Duvall
(a) Residence, No. 903 W. Daugherty 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: 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: Mrs Cora Duvall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20, 1859.

7. AGE: Years 72 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrical Engineer
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) (STATE OR COUNTRY): Wellsburg W. Va.

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs Cora Duvall Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gunk Memorial DATE: Dec 23, 1931

19. UNDERTAKER (ADDRESS): Steele Und. Co Webb City, Mo.

20. FILED: 12/22, 1931 R. M. Stewart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to Dec 22, 1931
I last saw him alive on Dec 21, 1931. Death is said to have occurred on the date stated above, at 3 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal disease	
95	

Other contributory causes of importance:

Name of operation: 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? 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) R. M. Stewart, M. D.
(Address) Webb City, Mo

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.