HH 111

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

Do not use this space.

43137

1. PLACE OF DEATH

County Stone — Registration District No. 842 — File No.

Township Pierce — Primary Registration District No. 6104 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME I V 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 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ibbie Duckworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1866

7. AGE — YEARS 65 — MONTHS 8 — 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. Farmer

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) Stone Co Mo

FATHER

13. NAME Geo Duckworth

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

MOTHER

15. MAIDEN NAME Marguerite Lockhart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Ibbie Duckworth Crane Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic DATE 12 24 31

19. UNDERTAKER (ADDRESS) W E Hilton

20. FILED Dec 24, 1931 Mrs. Ethel Doggett Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 31

22. I HEREBY CERTIFY, That I attended deceased from Dec-17-, 1931, to Dec-22-, 1931

I last saw him alive on Dec-22-, 1931. Death is said to have occurred on the date stated above, at 10.35 P.m.

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

Auricular Fibbrillation — Date of onset

59

95A 59

Other contributory causes of importance:

Diabetes Melitus

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? — 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

(Signed) H. L. Kerr, M. D.

(Address) Crane

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.