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.

8530

1. PLACE OF DEATH
County Jackson
Township Main
City Kc Mo
Registration District No. 399
Primary Registration District No. 1002
(No. 443 So Bellaire St. Ward)
File No.
Registered No. 1111

2. FULL NAME Madeline Duer
(a) Residence, No. 443 So Bellaire St., 10 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo E. Duer Jr.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 10-1900
7. AGE YEARS 32 MONTHS 1 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 235
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) Warrenton Mo 1

FATHER
13. NAME Edward F. Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne Ind 3

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 31

17. INFORMANT (ADDRESS) Geo. E. Duer 443 - So. Bellaire
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 3-18-32
19. UNDERTAKER (ADDRESS) Mrs. E. L. Fontix 918 Brooklyn Ave.
20. FILED 3 17 1932 M. M. Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/9, 1932, to 3/16, 1932
I last saw her alive on 3/16, 1932. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	3/14, 1932
108	
93A	
1	

Other contributory causes of importance:

Lobar Pneumonia	3/8, 1932

108

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 ....., 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) R. Williams, M. D.
(Address) 5000 St John Ave. Kansas City, Mo.

Dr [illegible]
5400 St John – Be – 2659
321 N. Van Bent 0495