

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.

AUG 5 1932

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

Do not use this space.

20406

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1. PLACE OF DEATH
 79 County Perry Registration District No. 660
 Township Central Primary Registration District No. 5878
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Joseph B. Ducker
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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.

File No. _____
 Registered No. _____
 St. _____ Ward _____

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 (OR) HUSBAND OF (OR) WIFE OF Mrs. Annie Ducker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-21-1865

7. AGE YEARS 67 MONTHS 5 DAYS 8 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) Perry Co. Mo.

FATHER
 13. NAME Leander Ducker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
 15. MAIDEN NAME Loda Manning
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT Mrs. Annie Ducker
 (ADDRESS) Perryville Mo. R.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Hope Cemetery DATE 6-30-1932

19. UNDERTAKER Joseph Young Wells
 (ADDRESS) Perryville Mo.

20. FILED 7-1, 1932 J. B. Ducker
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1932

22. I HEREBY CERTIFY That I attended deceased from May 30th, 1932, to June 29th, 1932
 I last saw him alive on May 30th, 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
General Cirrhosis of Liver
Excessiv Drinking
 Date of onset _____

Other contributory causes of importance:
Excessiv Drinking

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? _____
 If so, specify _____
 (Signed) W. H. Park, M. D.
 (Address) Perryville, Mo.

