

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

Do not use this space.

**27133**

**1. PLACE OF DEATH**

County St. Clair

Registration District No. 765

Township

Primary Registration District No. 4460

City Accola (No.         )

File No.         

Registered No. 11

St.          Ward)         

**2. FULL NAME** Burnie Roy 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 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Gordon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 7 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 226  
10. Date deceased last worked at this occupation (month and year) Aug 2 - 1932  
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Mo.

13. NAME W.R. Duckworth

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

15. MAIDEN NAME Sallie Stiles

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

17. INFORMANT (ADDRESS) Mrs. B.R. Duckworth Accola Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Accola Mo. DATE 8-5-32

19. UNDERTAKER (ADDRESS)         

20. FILED 8/10 1932 W. S. Seeger Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        .

I last saw h          alive on         , 19        . Death is said to have occurred on the date stated above, at about noon m.

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

Killed in car accident on Highway 82 on Sack Run 210M Bridge  
Other contributory causes of importance: his car struck N.W. point truck  
Date of onset 107

Name of operation 210 Date of 2  
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? accident Date of injury 8-2-32

Where did injury occur? near Accola Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Highway

Manner of injury car wreck  
Nature of injury accused due to blow on head

24. Was disease or injury in any way related to occupation of deceased? If so, specify         

(Signed) E. M. Sullivan, M. D.

(Address) Carnor Accola

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.

SEP 25 1932

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