

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

Do not use this space.

38118

1. PLACE OF DEATH
 108 County Vernon Registration District No. 875
 2 Township Nevada Primary Registration District No. 30 39
 7 City Nevada (No. _____) St. _____ Ward _____
 2. FULL NAME Daisy Hinters Duck
 (a) Residence, No. 725 West Walnut St. Ward 4 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

File No. _____
 Registered No. 250

JAN 5 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. M. Duck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19 1866</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>6</u>	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>285'</u>	
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) <u>Port Gibson Miss.</u>		
FATHER	13. NAME <u>Adam Hinters</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>P. R. 31</u>	
MOTHER	15. MAIDEN NAME <u>Mary E. Westrope</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Woodville Miss.</u>	
17. INFORMANT <u>Tony Swearingen</u> (ADDRESS) <u>Nevada Miss.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newton Cem.</u> DATE <u>11-19-32</u>		
19. UNDERTAKER <u>Ferny Funeral Home</u> (ADDRESS) <u>Nevada Miss.</u>		
20. FILED <u>12-7-32</u> <u>E. King</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1932

22. I HEREBY CERTIFY that I attended deceased from April 10 1932 to Nov 17 1932
 I last saw her alive on April 16 1932 Death is said to have occurred on the date stated above, at 10:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial Regeneration Date of onset Don't Know

Other contributory causes of importance: Endocarditis Date of onset Don't Know

Name of operation none Date of _____
 What test confirmed diagnosis exam. 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) W. S. Love M. D.
 (Address) Nevada, 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.

