

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

Do not use this space.

626

**1. PLACE OF DEATH**

County Chariton Registration District No. 178  
Township Bee Branch Primary Registration District No. 5246  
City (No. St. Ward)

File No. 2  
Registered No. 2

**2. FULL NAME**

James Duwall  
(a) Residence, No. St. Ward. (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12, 1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>0</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>retired</u>	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co Mo</u>		
FATHER	13. NAME <u>Napoleon Duwall</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Rusinda Coy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Mrs. C O Bueyner</u> (ADDRESS) <u>Marion Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rocky Cemetery</u> DATE <u>Jan 14, 1933</u>		
19. UNDERTAKER <u>Gas M Laughlin</u> (ADDRESS) <u>Marion Mo</u>		
20. FILED <u>1/18</u> , 19 <u>33</u> <u>W. J. Pitts</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1933 to Jan 12, 1933  
I first saw him alive on ..... 19..... Death is said to have occurred on the date stated above at 7:08 p.m.  
The principal cause of death and related causes of importance were as follows:  
Interstitial nephritis  
95B 95B  
Other contributory causes of importance:  
Senility  
Cardiac decompensation?

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) M. L. DeLong, M. D.  
(Address) Marion 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.

STATE DEPARTMENT WITH CHARGING THERE-THIS IS A PERMANENT RECORD

