

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

Do not use this space.

1. PLACE OF DEATH

County Wichita
Township St Joseph
City St Joseph (No. 1001)

Registration District No. 85
Primary Registration District No. 1001

File No. 15752
Registered No. 477
St. St Joseph Ward 2

2. FULL NAME

(a) Residence, No. Amity Mo. St. Amity Ward Amity
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? 9 yrs. 9 mos. 9 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 Amity Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 - 1863

7. AGE YEARS 69 MONTHS 8 DAYS 10 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poetry & Produce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amity Mo.

10. Date deceased last worked at this occupation (month and year) Amity Mo.

11. Total time (years) spent in this occupation Amity Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Thomas Duce

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

15. MAIDEN NAME Elizabeth Haudy

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

17. INFORMANT Mrs Henry A Duce (ADDRESS) Amity Mo.

18. BURIAL, CREMATION, OR REMOVAL Amity Mo. PLACE Amity Mo. DATE 5/5/33

19. UNDERTAKER W. G. Prepper (ADDRESS) Amity Mo.

20. FILED 5-4-33 John R Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25th 1933, to May 4th 1933

I last saw him alive on May 4th 1933 Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Bronchitis Pneumonia 4 day
107H
107A

Other contributory causes of importance: Arteriosclerosis General

Name of operation Amity Mo. Date of Amity Mo.
What test confirmed diagnosis? Amity Mo. Was there an autopsy? Amity Mo.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Amity Mo. Date of injury Amity Mo.
Where did injury occur? Amity Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Amity Mo.

Manner of injury Amity Mo.
Nature of injury Amity Mo.

24. Was disease or injury in any way related to occupation of deceased? Amity Mo.
If so, specify Amity Mo.
(Signed) J. R. Bunch M. D.
(Address) State Hospital #2

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.

JUN 20 1933

