

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

Do not use this space.

20475

1. PLACE OF DEATH

71 County Morgan
Township Morgan
City (No.) Ward

Registration District No. 597
Primary Registration District No. 5782

File No.
Registered No. 397
St. Ward

2. FULL NAME

John Edwin Duskey

(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 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 HUSBAND OF (OR) WIFE OF Rosa Duskey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 11 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) Missouri

FATHER
13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Oliver Duskey

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Rock Cem. DATE June 20 1933

19. UNDERTAKER (ADDRESS) Norman Johns

20. FILED 7-10 1933 W. J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933 to June 19 1933
I last saw him alive on June 15 1933 Death is said to have occurred on the date stated above, at 4:30 P. M.
The principal cause of death and related causes of importance were as follows:

Bright's Disease
1320A 132

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? tests 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

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) S. H. Newton M. D.
(Address) versailles Mo.

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.

JUL 23 1933

