

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

Do not use this space.

20650

1. PLACE OF DEATH

County Perry Registration District No. 663
 Township St. Marys Primary Registration District No. 5881
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15, 1951</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>9</u>
		<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>/</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>Perry Co Mo</u>		
FATHER	13. NAME <u>Raymond V Duwall</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Martini McDowell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Raymond V Duwall Silver Lake Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Silver Lake Mo</u> DATE <u>6 6</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Young & Entert Perryville Mo</u>		
20. FILED <u>6 6</u> 19 <u>33</u> <u>Hy J Duwall</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1933

I HEREBY CERTIFY (That I attended deceased from May 24 1933 to June 6 1933)

I last saw her alive on April 1 1933 Death is said

to have occurred on the date stated above, at 11 A m.

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

Lobar Pneumonia
108 108
Other contributory causes of importance:
Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? usual 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 _____, 1933
 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 Shiff Bailey
 (Signed) Perryville Mo, M. D.
 (Address) _____

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 23 1933

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

