

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

Do not use this space.

8026

1. PLACE OF DEATH

County Butler Registration District No. 92
Township Ash Hill Primary Registration District No. 5734 B
City Quilin, Mo. (No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME / Dwight Delano Duke

(a) Residence, No. Quilin, Missouri 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 male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1934		
7. AGE	YEARS	MONTHS
		12
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.		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) <u>Quilin, Missouri</u> (STATE OR COUNTRY)		
13. NAME Earl Duke		
14. BIRTHPLACE (CITY OR TOWN) <u>Quilin, Mo.</u> (STATE OR COUNTRY)		
15. MAIDEN NAME Reba Mizell		
16. BIRTHPLACE (CITY OR TOWN) <u>unknown Missouri</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Earl Duke</u> (ADDRESS) <u>Quilin, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL burial PLACE <u>Malden</u> DATE <u>March 27, 1934</u>		
19. UNDERTAKER <u>Greer Undt. Co.</u> (ADDRESS) <u>Poplar Bluff, Mo.</u>		
20. FILED <u>Apr 10, 1934</u> <u>Scott Cook</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 26, 1934**

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1934 to 3/26, 1934
I last saw him alive on 3/24, 1934 Death is said to have occurred on the date stated above, at 7 AM m.
The principal cause of death and related causes of importance were as follows:
acute indigestion Date of onset 3/20/34
1180
158
158
Other contributory causes of importance:
Improper Battle Feeding

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. _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Scott Cook, M. D.
(Address) Quilin, 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.

1934

