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

Do not use this space.

File No. 12715-A
Registered No. 3

1. PLACE OF DEATH
County: Iron
Township: [illegible]
City: Pilot Knob (No. ..., ..., St. ..., Ward)
Registration District No. 392
Primary Registration District No. 4231

2. FULL NAME: Maud Marie Durre
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

JUL 13 1934

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.

READING INK—THIS IS A PERMANENT

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 6 - 1933

7. AGE: Years ✓ Months 10 Days 8 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY): Pilot Knob Mo.

FATHER
13. NAME: James Durre. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cuba Mo.

MOTHER
15. MAIDEN NAME: Maud. Castel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brunot Ohio

17. INFORMANT (ADDRESS): James Durre. Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pilot Knob Mo. DATE: April 15 1934

19. UNDERTAKER (ADDRESS): Whitaker & Fox Ironton Mo.

20. FILED: May 14, 1934 L. J. Effinger Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 -, 1934, to Apr 14, 1934
I last saw h. alive on Apr 12 -, 1934. Death is said to have occurred on the date stated above, at 1 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	April 1-34
9 hr.	
10 TR	

Other contributory causes of importance: —

Name of operation: none Date of: —
What test confirmed diagnosis? none 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 ..., 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? no
If so, specify: —

(Signed) J. H. Martin, M. D.
(Address) Ironton, Mo

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Thom.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 12715-1
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Maud Marie Durre
Who died at _____ on apr. 14 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, ~~married, widowed or divorced:~~ ____

Date of birth _____ Age: Years _____ Months 10 Days 8

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Bronchial Pneumonia
Whooping cough, prior to pneumonia

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar X Lizzie J. Effinger, Local Registrar

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 392

Primary Reg. Dist. No. 4231

E. T. McGaugh. M.D.
Special Agent.
mt

5-12715-A