

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.

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

Do not use this space.

42674

1. PLACE OF DEATH

County Green  
Township Franklin  
City Springfield (No. 10)

Registration District No. 322  
Primary Registration District No. 5446

File No. ....  
Registered No. 38 St. .... Ward)

2. FULL NAME

(a) Residence, No. R # 10 Springfield Mo.  
(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1922

7. AGE YEARS 12 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Child in school)

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) Kans

13. NAME Cleveland Duckner

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

15. MAIDEN NAME Virgie Perkins

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

17. INFORMANT (ADDRESS) Mrs. Virgie Duckner Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Passville Cemetery DATE Dec 31 1934

19. UNDERTAKER (ADDRESS) J. W. Kingery & Co. Springfield, Mo.

20. FILED 12-31 1934 Ellan Barnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him dece alive on 12-29, 1934 Death is said

to have occurred on the date stated above, at 1 P. m.

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

Strychnine Poisoning

Other contributory causes of importance: MA

Name of operation: \_\_\_\_\_ Date of: \_\_\_\_\_

What test confirmed diagnosis? Necem Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury: \_\_\_\_\_, 1934

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? W

If so, specify Chas. George Conner M. D.

(Signed) \_\_\_\_\_ (Address) Springfield Mo

