

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

Do not use this space.

14106

1. PLACE OF DEATH

County St. Francois
Township St. Francois

Registration District No. 773
Primary Registration District No. 6078A

File No. _____
Registered No. 71
St. _____ Ward _____

Near City Farmington, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Maria Jane Duke

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm. R. Duke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Tenn

13. NAME Jerry Crafton

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

15. MAIDEN NAME Tilda

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

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE 5-1-35 19 _____

19. UNDERTAKER Cozean Undertaking Co.
(ADDRESS) Farmington, Mo.

20. FILED May 1, 1935 V. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1935, to April 29, 1935
I last saw h. alive on April 29, 1935. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Chronic Myocarditis with Hypertension, Hypertrophy, and Decompensatory Coronary Occlusion
Date of onset Apr. 29, 1935

Other contributory causes of importance:
Arteriosclerosis, generalized, Senile Psychosis ? yrs.

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) C. C. Ault, M. D.
(Address) Farmington, Mo.

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.

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