

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

Do not use this space.

FEB 19 1936

1101

1. PLACE OF DEATH

County Worth Registration District No. 384 File No. _____
 Township WEST PHOENIX Primary Registration District No. 4227 Registered No. _____
 City St. Louis St. _____ Ward _____

2. FULL NAME Jno. M. Durkin

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

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MA</u>	4. COLOR OR RACE <u>WHT</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWER</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ANNA H. DURKIN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 13 - 1889</u>		
7. AGE	YEARS	MONTHS
<u>78</u>	<u>10</u>	<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FRAMER</u>		
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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from JAN 7 1936 to JAN 19, 1936
 I last saw h. alive on JAN 7, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

General Dehydration

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Evermann Wassermann test

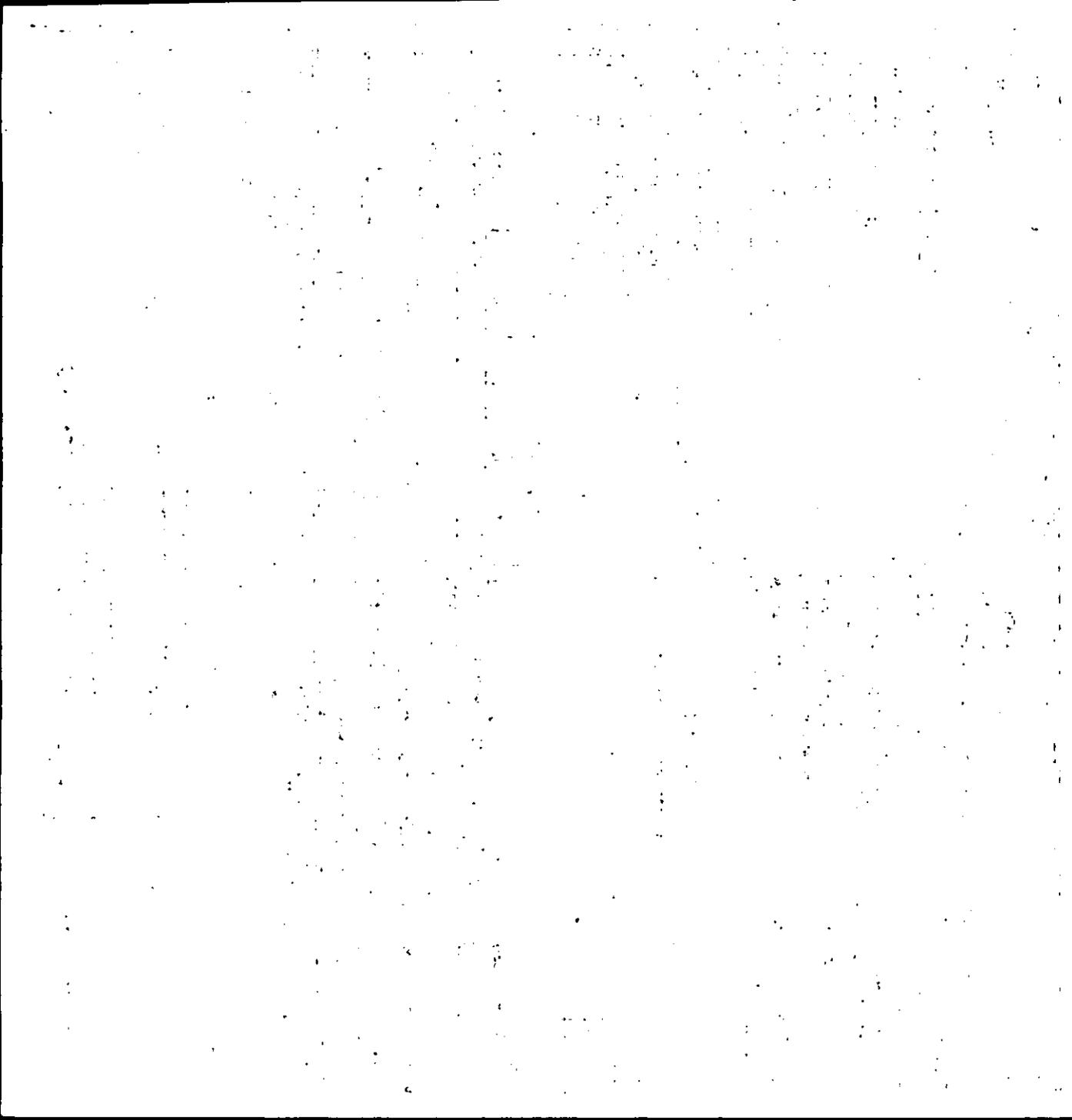
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____

(Signed) W. H. Ferguson, M. D.
 (Address) West Plains, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thon ton, Mo.</u>
	13. NAME <u>C. B. Durkin</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	15. MAIDEN NAME <u>Elizabeth Barton</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oregon Co., Mo.</u>
	17. INFORMANT (ADDRESS) <u>Mrs. J. H. Bess</u> <u>WEST PHOENIX, MO.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grave Hope</u> DATE <u>1-21-36</u>
	19. UNDERTAKER (ADDRESS) <u>Robertson's Mortuary</u> <u>WEST PHOENIX, MO.</u>
	20. FILED <u>1-21-36</u> 19 <u>36</u> <u>Vida M. Simons</u> Registrar.



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1. PLACE OF DEATH

County Hauwell

Registration District No. 384

File No.

Township West Plains

Primary Registration District No. 4227

Registered No.

City West Plains (No.)

St. Ward)

2. FULL NAME John W. Dunkin

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>78</u>	<u>10</u>	<u>7</u>	

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)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 1-26 1936 Wida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1936

22. I HEREBY CERTIFY That I attended deceased from

19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

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

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

Chromosomal Carcinomata Date of onset

ON FACE

Part of face just affected

Other contributory causes of importance:

unknown

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) R. B. Hozans M. D.

(Address) West Plains

SUPPLEMENT

S-1101