

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.

5591

MAR 19 1936

1. PLACE OF DEATH

County Henry  
Township Boyd  
City Boyd (No.       )

Registration District No. 347  
Primary Registration District No. 5485

File No.         
Registered No.        St.        Ward       

2. FULL NAME

(a) Residence, No.        St.        Ward         
(Usual place of abode)

Length of residence in city or town where death occurred 68 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 Male 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 Ira Farnsworth Duck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13-1861

7. AGE YEARS 74 MONTHS 11 DAYS 6 IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ohio

FATHER 13. NAME Benjamin Duck

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

MOTHER 15. MAIDEN NAME Martha Latimer

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

17. INFORMANT Mrs Ira Duck (ADDRESS) Coughton Me. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant Cemetery DATE Feb 22 1936

19. UNDERTAKER T. J. Goodman (ADDRESS) Holden Me.

20. FILED 2-29 1936 J. R. Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1936 to Feb 20 1936

I last saw him alive on Feb 20 1936 Death is said

to have occurred on the date stated above, at 5:00 A.M.

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

Uraemia Date of onset 2/18/36

Other contributory causes of importance       

Chr. interstitial nephritis

Name of operation        Date of         
Cause of death        as the result of 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) Geo. W. Griffith M. D.

(Address) Carden City, Mo.

