

AUG 15 1936

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

Do not use this space. ✓

85

25578

## 1. PLACE OF DEATH

County Buchanan Registration District No. 1001  
Township Washington Primary Registration District No. 1001  
City St. Joseph (No. 3244 Lafayette St.) St.            Ward           

File No.             
Registered No. 937

## 2. FULL NAME

John W. Durette

(a) Residence, No. 3244 Lafayette St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 10 27

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Live Stock  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission Dealer.  
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation           

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.13. NAME Waller Durette14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.15. MAIDEN NAME Nancy Mitchell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.17. INFORMANT Mrs. J. L. Deaton (ADDRESS) 3244 Lafayette St.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE July 17, 193619. UNDERTAKER Walter Meinhardt (ADDRESS) 1302 Faron St. St. Joseph, Mo.20. FILED July 16, 1936 Registrar           

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from April 18<sup>th</sup>, 1936 to July 15<sup>th</sup>, 1936.  
I last saw him alive on 4<sup>th</sup> of July 14, 1936. Death is said to have occurred on the date stated above, at 5:30 m. A. M.

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

Influenza Pneumonia Date of onset             
Heinzplagia June 21<sup>st</sup> 1936

Other contributory causes of importance:

Age, Debility, Injage  
& Paralysis of throat,

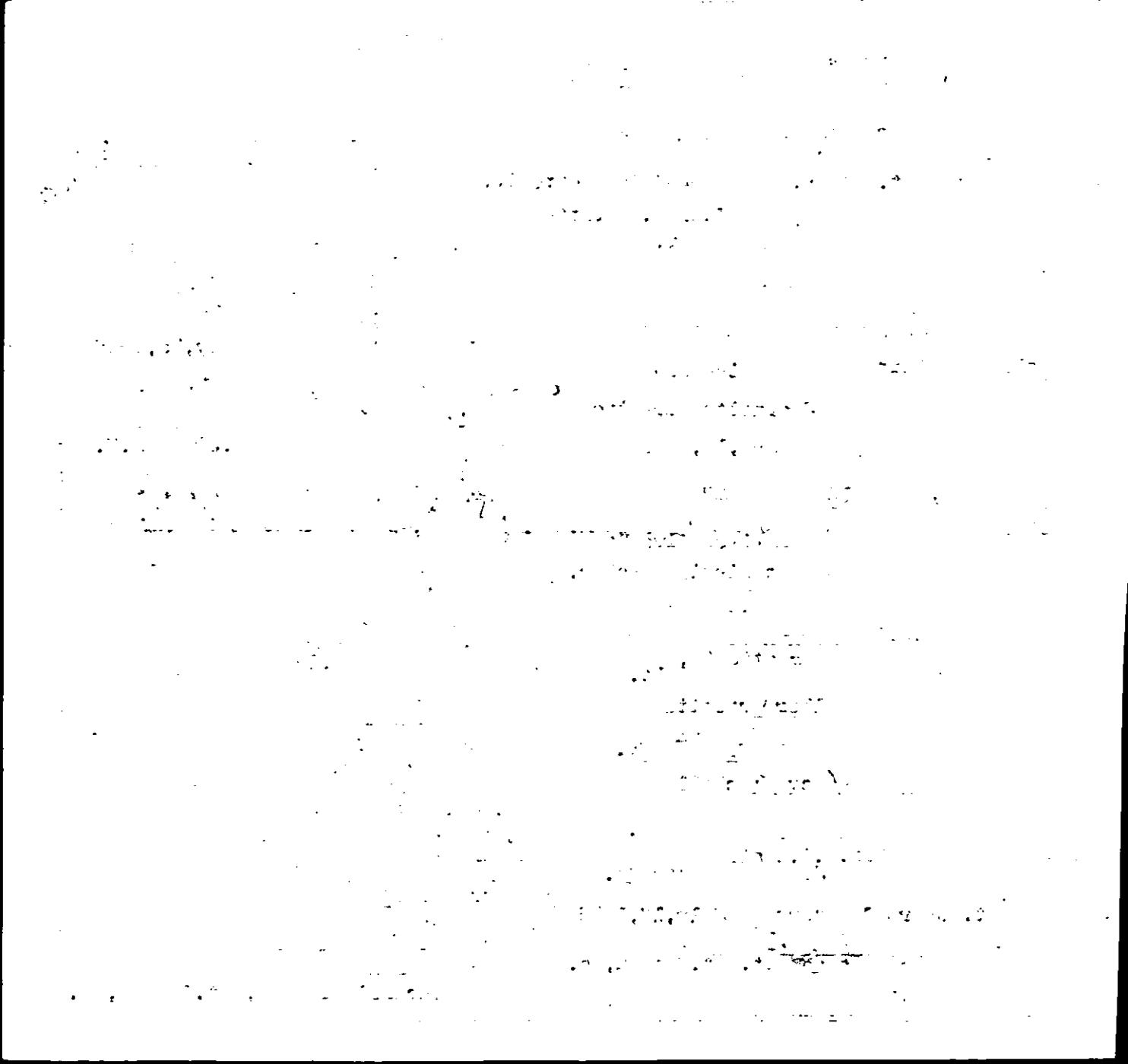
Name of operation            / Date of             
What test confirmed diagnosis?            Was there an autopsy? no

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

Accidental, suicide, or homicide? no 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? noIf so, specify           (Signed) H. Will Ceder, M. D.(Address) Schneider Bldg, St. Joseph, Mo.





S-25578

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FEB 11 1954  
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