

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.

Oct 20 1936

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

Do not use this space.

33552

1. PLACE OF DEATH

County Andrew
Township Fallview
City Mexico (No.)

Registration District No. 26
Primary Registration District No. 300

File No.
Registered No. 150
St. Ward

2. FULL NAME

Pearl Ray Duty

(a) Residence, No. 1713 Southwestern 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1891</u>				
7. AGE	YEARS <u>45</u>	MONTHS <u>3</u>	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</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) Sept 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1936, to Sept 10, 1936

I last saw him live on Sept 10, 1936 Death is said to have occurred on the date stated above, at 9 m.

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

Date of onset 9-8-36

Other contributory causes of importance:
Hypertension

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Martinsburg Mo.</u>
	13. NAME <u>Willis Duty</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brun County N.C.</u>
	15. MAIDEN NAME <u>Lula Huber</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spring County N.C.</u>
	17. INFORMANT (ADDRESS) <u>Flossie Duty Mexico, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>Chenoweth</u>	DATE <u>Sept. 12, 1936</u>
19. UNDERTAKER (ADDRESS) <u>H. A. Priddy & Son Mexico, Mo.</u>	
20. FILED <u>Sept 10, 1936</u> <u>Blanche Neely</u> Registrar.	

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? No
If so, specify
(Signed) R. Williams, M. D.
(Address) Mexico Mo

