

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 23 1936

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

Do not use this space.

34104

1. PLACE OF DEATH

County

Township

City

Goscorod
Bourbense

Registration District No.

Primary Registration District No.

308

2426

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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)

single

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

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

May 24, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2

3

11

OCCUPATION

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)

11. Total time (years) spent in this occupation

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

Gas. Co.

FATHER MOTHER

13. NAME

H. T. Ducker

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

Baker, Pa.
Crawford Co.

15. MAIDEN NAME

Bertha Ducker

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

Gas. Co. Pa.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bower Cemetery Sep 6 1936

19. UNDERTAKER (ADDRESS)

Wm L. Licklider
St. James

20. FILED

Sept 5 1936 Mrs. M. L. Licklider
Registrar

MEDICAL CERTIFICATE OF DEATH

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

9-5-36

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1936, to Sept 5 1936

I last saw him alive on Sept 4 1936. Death is said to have occurred on the date stated above, at 4 P.M.

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

Enterocolitis

120 P.

Date of onset

16 days

Other contributory causes of importance:

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

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)

M. D.

(Address)

Joseph W. Mills
Owensville Mo.

