DEC 18 1936

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

Do not use this space.

**37470**

**1. PLACE OF DEATH**

County _Henry_    Registration District No. _347_    File No. _____

Township _____    Primary Registration District No. _3018_    Registered No. _____

City _Clinton, Mo_    (No. _____ St. _____ Ward)

**2. FULL NAME** _Mathew Anderson Duke_

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

Length of residence in city or town where death occurred    yrs. _9_ 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| _Male_ | _White_ | _Single_ |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _1-9-36_

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | | 8 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _none_

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 _none_

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

FATHER
13. NAME _Calter Duke_
14. BIRTHPLACE (CITY OR TOWN) _Wray Co_ _mo_
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME _Julia Ellett_
16. BIRTHPLACE (CITY OR TOWN) _Clinton mo_
(STATE OR COUNTRY)

17. INFORMANT _Calter Duke_
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL    PLACE _Shiloh_    DATE _10-5-36_

19. UNDERTAKER _Fred Wilkinson_
(ADDRESS) _Clinton Mo_

20. FILED _11-21-36_ _J. R. Hampton_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _10-4_, 19_36_

22. I HEREBY CERTIFY, That I attended deceased from _Oct 3_ 19_36_ to _Oct 4_, 19_36_

I last saw him alive on _Oct 4_, 19_36_ Death is said to have occurred on the date stated above, at _9:40 AM_

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

_Gastro Enteritis_

_3 months duration_

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _Clinical_ Was there 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) _B. W. Wolfin_, M. D.

(Address) _Clinton  Mo_