NOV 4 1936

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

Do not use this space.

39300

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1008 Registered No. 10335

City St. Louis, Mo. (No. 2632 Dickson St. ..... St. ..... Ward)

2. FULL NAME Katie Dukes.

(a) Residence, No. 2632 Dickson St. St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colore
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 23, 1894

7. AGE: YEARS 42 MONTHS 6 DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

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.: Housewife
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): Missouri,

FATHER

13. NAME: William Wesley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Tenn.

MOTHER

15. MAIDEN NAME: Susie Jones.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Thomas Dukes. 2632 Dickson St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wentzsville Missouri. DATE: 10/18/1936

19. UNDERTAKER (ADDRESS): Ellis Funeral Home. 2820 Stoddard St

20. FILED OCT 14 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 12, 1936

22. I HEREBY CERTIFY That I attended deceased from Aug. 26 - 1936, to Oct. 12 - 1936

I last saw her alive on Oct. 12 - 1936. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Ulcer of Stomach

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Symptoms 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) F. E. Wallhall M.D., M. D.

(Address) 1501 - W. Jefferson

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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