

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

45625

1. PLACE OF DEATH

County Newton
Township Neosho
City (No.) (Ward)

Registration District No. 609
Primary Registration District No. 5808

File No.
Registered No. 140 Ward)

2. FULL NAME

Sally Jean Duke
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to Dec 26, 1936.
I last saw her alive on Dec 26, 1936. Death is said to have occurred on the date stated above, at 5:10 P.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 23, 1936

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 3

Broncho-Pneumonia Date of onset

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

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

Other contributory causes of importance: 1072

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County Missouri

FATHER 13. NAME Sidney B. Duke

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

MOTHER 15. MAIDEN NAME Cora Fox

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

17. INFORMANT Sidney B. Duke
(ADDRESS) Neosho Mo. R #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho 2007 Ave DATE 12-29, 1936

19. UNDERTAKER Osley Thompson
(ADDRESS) Neosho Mo

20. FILED 1-7, 1937 Onal A. Dale
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?

If so, specify J. R. Neumala, M. D.
(Signed) Neosho 27:0
(Address)

107a

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

Do not use this space.

1. PLACE OF DEATH

County Newton
Township Neosho
City (No. , St. , Ward)

Registration District No. 609
Primary Registration District No. 3808

File No.
Registered No. 140

2. FULL NAME

Dolly Jean Duke

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mf

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

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

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

11

3

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 3-26 1937 Ernest L. Duke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him/her alive on 19. Death is said to have occurred on the date stated above, at m.

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

Broncho Pneumonia Date of onset

no other complications prior to or along with Broncho pneumonia

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 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?

If so, specify (Signed) J. R. Reynolds, M. D.

(Address) Neosho

SUPPLEMENTARY

10702

STATEMENT OF OCCUPATION IS VERY IMPORTANT.

S-45625