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.

JAN 23 1937

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

Do not use this space.

45888

1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township — Primary Registration District No. 3034 — Registered No. 271

City Moberly (No. McCormick Hospital St. Ward)

2. FULL NAME James W. Duvall

(a) Residence, No. 808 W Rollins 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14th 1844

7. AGE: Years 92 — Months 6 — Days 1 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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) Mo

FATHER

13. NAME James C Duvall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

MOTHER

15. MAIDEN NAME Susan Briggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT F. J. Porter
(ADDRESS) Bowling Green, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nashville, Tenn DATE Dec 17th 1936

19. UNDERTAKER Mahan and Son
(ADDRESS) Moberly Mo

20. FILED 12/17 1936 Virginia Wheeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1935, to Dec 15 1936

I last saw him alive on Dec 15 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Cholecystitis — Date of onset 12.25.36

Other contributory causes of importance Cholelithiasis

Name of operation — Date of

What test confirmed diagnosis? Physical 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) A. L. McCormick, M. D.

(Address) Moberly