

MAY 27 1937

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

Do not use this space.

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 File No. 11937
 Registered No. 16894

1. PLACE OF DEATH

 County McDonald Registration District No. 576
 Township McMullin Primary Registration District No. 5894
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Julia Darnell Duckett
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Enoch Duckett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28-1847</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>2</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia13. NAME
Darnell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia15. MAIDEN NAME
not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia17. INFORMANT (ADDRESS)
Chas Miller Anderson Mo 142

18. BURIAL, CREMATION, OR REMOVAL

PLACE Anderson Mo DATE 4-15 193719. UNDERTAKER (ADDRESS)
Geo Tateum Mrs Anderson Mo20. FILED Mo 5-7 1937 Mrs Lee Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 193722. I HEREBY CERTIFY That I attended deceased from April 7, 1937 to April 14, 1937I last saw him alive on April 7, 1937. Death is said to have occurred on the date stated above, at 100 m.

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

Intestinal Obstruction
 Date of onset April 7, 1937
Other contributory causes of importance: 1860Name of operation none Date of _____What test confirmed diagnosis? none 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) J. B. Duckett, M. D.(Address) Anderson Mo

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