

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HowellTowship AllenCity (No. St. Ward)Registration District No. 905Primary Registration District No. 6216File No. 12447Registered No. 2. FULL NAME Keneratta Lott Duckworth 213(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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF Luke Duckworth6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE

YEARS 93MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laura

MOTHER FATHER

13. NAME Keneratta Lott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known15. MAIDEN NAME Jemima McGinnis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT Carl Harnen; Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Prague Chapel DATE March 25 193819. UNDERTAKER Brown Bros(ADDRESS) Deary, Mo20. FILED Mar 29 1938 A. L. Berry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 193822. I HEREBY CERTIFY, That I attended deceased from August 1936, to death 1938I last saw him alive on March 21 1938. Death is said to have occurred on the date stated above, at 4:20 a.m.

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

Cardiac DecompositionDate of onset Jan. 38

Other contributory causes of importance:

Chronic Interstitial Nephritis
EnteritisName 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? NoIf so, specify (Signed) Do. J. Hailley D.O.(Address) Denver, Mo

