

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

MAY 13 1938

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

Do not use this space.

**1. PLACE OF DEATH**

County Stanton Registration District No. 314 File No. 14599  
 Township \_\_\_\_\_ Primary Registration District No. 4190 Registered No. 8  
 City Stanton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Herbert Lucile Duley 4111  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1924  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
13 9 21

to have occurred on the date stated above, at 8:25 A  
 The principal cause of death and related causes of importance were as follows:  
Struck by Auto Truck Date of onset \_\_\_\_\_

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
 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: None

12. BIRTHPLACE (CITY OR TOWN) Stanton Mo  
 (STATE OR COUNTRY)

FATHER  
 13. NAME Sherman Duley  
 14. BIRTHPLACE (CITY OR TOWN) Stanton Mo  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Viola Lee  
 16. BIRTHPLACE (CITY OR TOWN) Harrison Mo  
 (STATE OR COUNTRY)

17. INFORMANT Sherman Duley  
 (ADDRESS) Stanton Mo  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hick Hill Cemetery DATE 4/3 1938

19. UNDERTAKER Stanton Mo  
 (ADDRESS) Stanton Mo

20. FILED 4/3 1938  
6 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 3/31 1938  
 Where did injury occur? On highway  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. School  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) James A. ...  
 (Address) Stanton Mo

