

REC'D AUG 10 1938

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

24618

Do not use this space.

1. PLACE OF DEATH

(a) County Augustine Registration District No. 27
 (b) Township Stinn Primary Registration District No. 5035 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 213 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Nora L. Duckworth St.
R. F. D. High Hill (Usual place of abode, if not street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Duckworth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as 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) Ottawa, Ill.
 FATHER 13. NAME Daniel Sullivan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 MOTHER 15. MAIDEN NAME Honora Shay
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT Mrs. Ravin E. Maxwell
 (ADDRESS) High Hill, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa, Ill. DATE July 4, 1938
 19. FUNERAL DIRECTOR W. A. Pugh's Son
 (ADDRESS) Mexico, Mo.
 20. FILED July 3, 1938 Clarence Barnes
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to July 2, 1938
 I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 7:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset 6-29-38
92
 Other contributory causes of importance: Aortic insufficiency June 1938
 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? No.
 If so, specify _____
 (Signed) R. B. Brize M. D.
24 (Address) Ladonna, Mo.

STATEMENT BY LICENSED EMBALMER

I, Earl E. Puckett, Licensed Embalmer No. 3189
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Puckett
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Earl E. Puckett
Licensed Embalmer No. 3189

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)