

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County AdairRegistration District No. 4

Township

Primary Registration District No. 3001City Wardsburg Mo. (No. 16, C. O. S. Hospital)File No. 31553Registered No. 172

St.

Ward)

2. FULL NAME Rose May Duke 20th(a) Residence, No. EllenaSt. EllenaWard. 1st

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 25, 1938

7. AGE

YEARS 0MONTHS 0DAYS 0

IF LESS than 1 day, .. hrs. or .. a min.

OCCUPATION

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

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.

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirksville Mo13. NAME Raymond Duke14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Mo.15. MAIDEN NAME Vernice Isabelle Eads16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Venia Mo.17. INFORMANT Mrs. Raymond Duke(ADDRESS) Ellena Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ellena Mo.DATE Sept 26, 193819. UNDERTAKER Harold

(ADDRESS)

20. FILED Sept 25, 19381938Spencer Freeman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 25, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938 to Sept 25, 1938I last saw h.e.r. alive on September 25, 1938. Death is saidto have occurred on the date stated above, at 5:35 P.M.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? NA23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

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) John H. Deery, D.O.(Address) Kirksville

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE

RECEIVED

District Health Officer No. 10

District File Number 10-38-216

Date Filed 10-11-38