

REC'D NOV 15 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH35116  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 2  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 1011  
 (c) City St. Joseph (d) Street No. 316 North 19th. St. St. \_\_\_\_\_  
 (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 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

James Alexander Duke  
 (a) Residence, No. 316 North 19th. St. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
80 1 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 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) Unknown  
 (STATE OR COUNTRY) Kansas

FATHER 13. NAME Joseph Green

14. BIRTHPLACE (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Ann Louis

16. BIRTHPLACE (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Unknown.

17. INFORMANT Mrs. Nellie Duke  
 (ADDRESS) 316 North 19th. St. St. Jos. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City Mo. DATE October 11, 1938

19. FUNERAL DIRECTOR Halter Meierhoffer  
 (ADDRESS) 1302 Farron St. St. Jos. Mo.

20. FILED Oct 11, 1938 A. J. Meierhoffer  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 1938 19 38

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1939 to October 8, 1938  
 I last saw him alive on October 5, 1938 Death is said to have occurred on the date stated above, at 2:30 A. M.

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

Cerebral hemorrhage Date of onset 10-5-38  
apoplexy 9/21 4-16-39

Other contributory causes of importance:

arterio-sclerosis general (P)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 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) H. C. Carr, M. D.  
 (Address) Phys. & Surg. Bldg.

2-3331

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

J. C. Anderson

L. E. Yes

No. \_\_\_\_\_ or by Apprentice, Registered Apprentice No. 118  
working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. 3946

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