

DEC 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County BentonRegistration District No. 64Township UnionPrimary Registration District No. 5-101City Warrensburg

(No. _____ St. _____ Ward _____)

2. FULL NAME

263 Nola B. Duckworth(a) Residence, No. Madain St. _____ Ward _____

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)

Widow

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

Charles C. Duckworth

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

Oct. 23, 1869

7. AGE

YEARS

69

MONTHS

0

DAYS

22

If LESS than 1 day,hra. ormin.

OCCUPATION

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

Housewife

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.....

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

Clinton, Mo.

13. NAME

Blaine

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

J. W. Duckworth
Madain, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Massy Cem. DATE Nov. 17, 1938

19. UNDERTAKER (ADDRESS)

W. M. White
Warsaw, Mo.

20. FILED

Nov. 21, 1938 M. C. Watson
Registrar. 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

1938, to Nov. 15, 1938I last saw her alive on Nov. 11, 1938 Death is saidto have occurred on the date stated above, at 7:10 P.M.

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

Date of onset

Intestinal CancerOther contributory causes of importance: 46

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....., 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?.....

If so, specify.....

(Signed) W. M. White(Address) Warsaw, Mo., M. D.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-442

Date Filed 12-5-38