

REC'D MAR 15 1939

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

8105
 Do not use this space.

1. PLACE OF DEATH *Vernon*
 (a) County *Vernon* Registration District No. *873*
 (b) Township *Washburn* Primary Registration District No. *6162*
 (c) City *Nevada* (d) Street No. *State Hosp # 3* Registered No. *53*
 (e) Length of residence in city or town where death occurred *0* yrs. *0* mos. *3* ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *James E. Duzan*
 (a) Residence, No. *Rich Hill, Mo* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ruth Ann Duzan*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 27 1860*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
79 0 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *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) *OK* 11. Total time (years) spent in this occupation

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

FATHER 13. NAME *Fredk Duzan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *OK unknown*

MOTHER 15. MAIDEN NAME *Rachael Lipe*

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

17. INFORMANT (ADDRESS) *State Records*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn Cem* DATE *Feb. 23 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Pond & Reahey Rich Hill Mo*

20. FILED *2-21 1939* *Allen V. Hays* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 21 1939*

22. I HEREBY CERTIFY That I attended deceased from *Feb 18 1939* to *Feb 21 1939*
 I last saw him alive on *Feb 21 1939* Death is said to have occurred on the date stated above, at *8:40 p.m.*

The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease Date of onset *OK*
95%

Other contributory causes of importance:
arteriosclerosis *OK*
Renality *OK*

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *no*

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 *Tuberculosis* M. D.
 (Signed) *Tuberculosis*
 (Address) *Nevada, Mo.*

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

HTLASH ...
...
...

RECEIVED
District Health Officer No. _____
District File Number 7-39-4
Date Filed 3-8-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

J. Hudson Reasley

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

J. Hudson Reasley

Licensed Embalmer No. 2730

P. O. Address Rich Hill Mo

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

If this body is not embalmed, above space should be left blank.