N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REC'D APR 19 1939

Do not use this space.

11410

1. PLACE OF DEATH
County Lincoln
Township Monroe
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 492
Primary Registration District No. 5-6-5-2 A

File No. 22.
Registered No. .....

2. FULL NAME James Nelson Duey
(a) Residence, No. Winfield, Mo. St., ... Ward.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1857

7. AGE: YEARS 81 | MONTHS 4 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 2 weeks ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln county Missouri

FATHER
13. NAME Beverly Duey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Missouri

MOTHER
15. MAIDEN NAME Dollie Crenshew
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linclon County Missouri

17. INFORMANT (ADDRESS) Miss Leona Duey Winfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE 3/29/39, 19

19. UNDERTAKER (ADDRESS) O'Garlan C. Ricks (4012) Winfield, Missouri

20. FILED 4/2, 1939 P. C. Nunlist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1939, to 3-27, 1939
I last saw him alive on 3-23, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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?
If so, specify
(Signed) P. C. Nunlist, M. D.
(Address) Old Monroe Mo