

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1939 JUN 21 1939

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper  
Township Mineral  
City The Hospital (No. 220)

Registration District No. 413  
Primary Registration District No. 5559. C  
WEBB CITY.

File No. 18956  
Registered No. 29  
St. dent Co. Ward)

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds.

(LEON DUKES)

How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Salem Mo.  
(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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1918  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
20 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher  
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) Mound City Mo.

FATHER 13. NAME Fred A. Dukes  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Marion L. Moody  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Mo. DATE 5/13 1939

19. UNDERTAKER (ADDRESS) Webb City Undertaking

20. FILED MAY 11. 39 19 J. L. Critchett Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1939

22. I HEREBY CERTIFY That I attended deceased from April 2 1939 to May 11 1939

I last saw him alive on MAY 10 39, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 12:35 AM

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

Pulmonary Tuberculosis  
22  
Other contributory causes of importance:

Name of operation N. eye Date of \_\_\_\_\_ NO  
What test confirmed diagnosis Positive Sputum and 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? No  
If so, specify \_\_\_\_\_

(Signed) Dr. W. M. Kinney, M. D.  
(Address) Jasper, Mo.

RECEIVED

District Health Officer No. 6.

District File Number 6-6-39-1182

Date Filed Jun 7, 1939

3540 *Jordan*

AUG 21 1946