

AUG 16 1939

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

24887
Do not use this space.

1. PLACE OF DEATH *Andrew*

(a) County *Boonville* Registration District No. *9*

(b) Township *Boonville* Primary Registration District No. *40004006* Registered No. _____

(c) City *Boonville Mo.* (d) Street No. _____ 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Thomas Duke Jr.*

(a) Residence, No. _____ 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 *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 *Martha Jane Ricker Duke Jr.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 10 1860*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>78</i>	<i>9</i>	<i>23</i>	

OCCUPATION

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

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) *Marionville*
(STATE OR COUNTRY) *Missouri*

FATHER

13. NAME *Thomas Duke Jr.*

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

MOTHER

15. MAIDEN NAME *Elizabeth Pitman*

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) *Ohio*

17. INFORMANT *Ed. Duke*
(ADDRESS) *Boonville Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Boonville* DATE *Aug 4 1939*

19. FUNERAL DIRECTOR (NAME) *Dunbell Funeral Home*
(ADDRESS) *Marionville Mo*

20. FILED *Aug 5 1939* *W. B. Wood*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 4th 1939*

22. I HEREBY CERTIFY, That I attended deceased from *May 2nd* 1939, to *Aug 2nd* 1939
I last saw him alive on *Aug 1st* 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Esophagus

Date of onset *1937*

Other contributory causes of importance: *none* *46*

Name of operation *none* 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? _____ 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) *A. H. Kelly* M. D.
(Address) *Boonville Mo*

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.

RECEIVED

District Health Officer No. 14;

District File Number

Date Filed

839-1047
AUG 11 1939

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,

W. Dean Campbell

, or by

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

Signed

W. Dean Campbell

Licensed Embalmer No.

15624

P. O. Address

Marionville, Mo

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.)

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