

SEP 12 1939

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

28945  
Do not use this space.

1. PLACE OF DEATH

(a) County Calder Registration District No. 213  
 (b) Township Jefferson Primary Registration District No. 3014 Registered No. 189  
 (c) City Jefferson (d) Street No. 407 W. Atchison 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 ELVIN DUCKETT

(a) Residence, No. 407 W Atchison 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 10 22  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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) about 1 year ago 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

FATHER 13. NAME Calvin Duckett

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

MOTHER 15. MAIDEN NAME Mary Jane Brown

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

17. INFORMANT (ADDRESS) Neal Duckett 407 W Atchison Jeff City

18. BURIAL, CREMATION, OR REMOVAL PLACE Rivers View DATE 8-19-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James J. ... 700 Jefferson St City

20. FILED 8/18/1939 D. B. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1939

I HEREBY CERTIFY, That I attended deceased from Aug 17 to Aug 17 1939

I last saw him alive on Aug 17 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Cerebral embolism Date of onset 8-14

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Other contributory causes of importance: Diabetes Mellitus (several years)  
Bronchopneumonia (terminal)

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? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) Neal Duckett M. D.

(Address) Jefferson City 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.

**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, .....

*D. M. Davis*

....., or by .....

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

Signed

*D. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *700 Jefferson St City*

**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.**