

NOV 24 1930

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

Do not use this space.

32703

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 80 St. Ward)

2. FULL NAME

Monna Adkins Duden

(a) Residence. No. 5th and Brewster 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 Female 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 Dan Duden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9, 1891

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
39 2 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 7
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Henry Co. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Malcom Adkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo
12. MAIDEN NAME OF MOTHER Ida Eckert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo

14. INFORMANT Dan Duden
(Address) Clinton Mo

15. FILED 10/15, 1930 Dr. E. C. Peelor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10 19 30

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1930, to 10/10/1930, 1930 that I last saw her alive on 10/10/1930, 1930, and that death occurred, on the date stated above, at 9:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocarditis

130 93H (duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (SECONDARY) Acute nephritis (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray & physical
(Signed) Dr. R. S. Halligan M. D.
, 19 (Address) Clinton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Beaver Creek Cemetery DATE OF BURIAL Oct 12 1930

20. UNDERTAKER Spare and Saw ADDRESS Clinton, 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.

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