

MAR 28 1933

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. NO. 2

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.

Dr Hughes

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

Do not use this space.

1. PLACE OF DEATH
 47 County Henry Registration District No. 347
 48 Township Primary Registration District No. 3018
 49 City Clinton, Mo. (No.) St. Ward
 2. FULL NAME John Duerr
 (a) Residence No. C. Grandview 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.

5492
File No.
Registered No. 141

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1854

7. AGE YEARS 78 MONTHS 1 DAYS 19 IF LESS than 1 day, hrs. or min.

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

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
Britzingen, Baden
 13. NAME Robert Duerr
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
Britzingen, Baden
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
 17. INFORMANT (ADDRESS) Mrs Elizabeth Duerr
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Feb 18 33
 19. UNDERTAKER (ADDRESS) Spare son
 20. FILED 2/17/33 Ed C. Peelor
 Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 32 1932 to Feb 17 1933
 I last saw him alive on Feb 16 1933 Death is said to have occurred on the date stated above, at 5:25 a.m.
 The principal cause of death and related causes of importance were as follows:
191 Broncho-pneumia Date of onset Feb 16
1930 Chronic interstitial Nephritis 1930
1920? Intense sclerosis
1930 Paralysis agitans
 Other contributory causes of importance:
 Name of operation None 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? No
 If so, specify
 (Signed) S. B. Hughes M. D.
 (Address) Clinton, Mo

