

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.

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

Do not use this space.

32508

1. PLACE OF DEATH
 42 County Henry Registration District No. 347
 4 Township Clayton Primary Registration District No. 3018
 7 City Clayton (No. _____) St. _____ Ward _____
 2. FULL NAME Emma F. Duden
 (a) Residence, No. North 2nd 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 7 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 5 1
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 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. life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lock Ohio
 MOTHER FATHER
 13. NAME James Duden
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Fredia Belleville
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT (ADDRESS) Mrs Frank Wilson
Clayton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 10-6 1935
 19. UNDERTAKER (ADDRESS) Consolator & Peck
Clayton Mo
 20. FILED Oct 12 1935 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4th 1935
 22. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1935 to Oct 4th 1935
 I last saw him alive on Oct 4th 1935. Death is said to have occurred on the date stated above, at 10:15 am.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset Sept 10th
 Other contributory causes of importance: asthma
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was 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? _____
 If so, specify _____
 (Signed) J. M. Marsailles, M. D.
 (Address) Clayton, Missouri

