

11-20-1935

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

Do not use this space.

25952

1. PLACE OF DEATH
 County Cole Registration District No. 211
 Township Marion Primary Registration District No. 4128
 City Centertown (No) St. _____ Ward _____

2. FULL NAME David Lewis Duden David Lewis Duden
 (a) Residence, No. _____ 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 15 - 1872

7. AGE YEARS 63 MONTHS 5 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME James Duden

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

15. MAIDEN NAME Linda Belvid

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

17. INFORMANT Mrs David Duden
(ADDRESS) Centertown Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Centertown Mo DATE 8/26 35

19. UNDERTAKER William F. Reed Meyer
(ADDRESS) California Mo

20. FILED Aug. 26 1935 H.T. Leach, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1935 to August 24, 1935
 I last saw him alive on August 24, 1935. Death is said to have occurred on the date stated above, at 11 p.m.
 The principal cause of death and related causes of importance were as follows:
Valvular Disease of the Heart Date of onset _____

Other contributory causes of importance:
Angina Pectoris

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Francis J. Nichols, M. D.
 (Address) CENTERTOWN, 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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