

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

Do not use this space.

APR 24 1934

1. PLACE OF DEATH

County Monticau
Township Hatchers
City California (No. _____)

Registration District No. 571
Primary Registration District No. 4935

File No. 5789
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 - 1942

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
91 10 18

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) Cal, Co., Mo.

13. NAME Henry Duncan

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

15. MAIDEN NAME Honey Norfleet

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

17. INFORMANT J. E. Longan (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Salem Ave DATE 2/21 1934

19. UNDERTAKER Phillips & Fred Meyer (ADDRESS) California Mo

20. FILED 2-21- 1934 H. R. Pope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 28 1923, to Dec 20 1929

I last saw h. alive on Jan 28 1934. Death is said

to have occurred on the date stated above, at 4:15 a.m.

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

Chronic sub-acute with insufficient cerebral vas.

92A
97
Other contributory causes of importance
Arterio Sclerosis

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. P. Beutels _____, M. D.

(Address) California Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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