R 19 1928

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

Do not use this space.

File No. 4478

Registered No.

1. PLACE OF DEATH

County Dekalb — Registration District No. 259

Township ~~Camden~~ — Primary Registration District No. 4158

City Maysville (No. ..... St. ..... Ward)

2. FULL NAME Edward Richard Duce

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Lura Duce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6th 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	0	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Painter & paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer): Painting

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Wm. C. Duce

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ger.

12. MAIDEN NAME OF MOTHER Sofronia Watkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT Mrs. E. P. Duce
(Address) Maysville Mo.

15. FILED Feb 16 1928 J. L. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb., 15, 1928.

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1927 to Feb., 15, 1928 that I last saw him alive on Feb., 15, 1928 and that death occurred, on the date stated above, at 11:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
93C
132A
92A

(duration) yrs. mos. 9 hour

CONTRIBUTORY (SECONDARY) Chronic myocarditis and nephritis (duration) yrs. 10 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D.

2/16, 1928 (Address) Maysville, Missouri.

*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: Mt. Pleasant Cem.

DATE OF BURIAL: Feb 17 1928

20. UNDERTAKER: U. G. Pilcher

ADDRESS: Maysville 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.