

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

Do not use this space.

1525

18 1930

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

County Jackson Registration District No. 402
 Township Maple Primary Registration District No. 5551B
 City Oak Grove (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 2
 St. _____ Ward _____

2. FULL NAME

Harley Duke
 (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 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) Feb. 1, 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 11 13

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Benton Co, Mo (STATE OR COUNTRY)
 10. NAME OF FATHER Walker Duke
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Benton Co, Mo (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Lilly Bernig
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Benton Co, Mo (STATE OR COUNTRY)

14. INFORMANT Walker Duke (Address) Oak Grove, Mo

15. FILED 1/8 19 30 AM Mann REGISTRAR
20

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-14 1930
 17. I HEREBY CERTIFY, That I attended deceased from 1-11, 1930, to 1-14, 1930 that I last saw him alive on 1-14, 1930 and that death occurred, on the date stated above, at 3:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Pneumonia
1180
 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY (SECONDARY) Amorrrhage of stomach
12 hrs (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) E. C. Berry, M. D.
 , 19 _____ (Address) Oak Grove

*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 Olney, Mo DATE OF BURIAL Jan. 15 1930

20. UNDERTAKER L. G. Luskman ADDRESS Olney, Mo



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

Important.
BY LAW
Exact statement of OCCUPATION
CAUSE OF DEATH in plain text
REGISTRARS SHALL NOT REC
FEE FOR CERT
CATES UNTIL THEY ARE COMPLETE AS PR

1. PLACE OF DEATH.
County Jackson Registration District No. 402 File No.
Township Amosbar Primary Registration District No. 3-5-51 B Registered No. 2
City (No.) St. Ward

2. FULL NAME Harley Duke
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1930
17. I HEREBY CERTIFY, That I attended deceased from to
that I last saw h..... at or on, 19....., and that death occurred, on the date stated above, at.....m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Lobar

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) Hemorrhage of stomach
do not know cause
could not get any history
18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? acquired just before death
DID AN OPERATION PRECEDE DEATH? NO DATE OF

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? acquired just before death
DID AN OPERATION PRECEDE DEATH? NO DATE OF

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 9/13 1930 A. W. Mann REGISTRAR

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

5761-5