APR 30 1930

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

Do not use this space.

9672

1. PLACE OF DEATH
County: Newton
Township: Van Buren
City: ..... (No. ..... St. ..... Ward)

Registration District No. 612
Primary Registration District No. 5814

File No. .....
Registered No. .....

2. FULL NAME: Mary Duvalt

(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: F
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): Oct 28 - 1855

7. AGE: Years 74 | Months 5 | Days 22 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

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

14. INFORMANT: John Rubb.
(Address): Neutonah Mo.

15. FILED April 5 1930 C. P. Moody. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1930

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1929, to March 1, 1930, that I last saw h. alive on March 22, 19....., and that death occurred, on the date stated above, at ..... p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Rectum

4 M D (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 4 5 (duration) ....yrs. ....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) J. W. Boyd, M. D.

March 21 1930 (Address) Carcoxie Mo.

*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: Van Buren
DATE OF BURIAL: March 25 1930

20. UNDERTAKER: Wm Hessell Jr
ADDRESS: Pierce City 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.