

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

15436

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St Joseph (No. Armour Packing Co.) St. _____ Ward _____

File No. _____
 Registered No. 45

2. FULL NAME Verna Frances Durkin

(a) Residence. No. 6538 Carnegie Street 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 13, 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
20 7 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Packing Room
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Armour & Co.

9. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Bernard B Durkin
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ottumwa (STATE OR COUNTRY) Iowa
 12. MAIDEN NAME OF MOTHER Martha E Jenkins
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Taney Co. (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. B. B. Durkin (Address) 6538 Carnegie St. St Joseph Mo.

15. FILED 5-10-30 19 30 J. J. Banakach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 19 30

17. I HEREBY CERTIFY, That I viewed remains ~~viewed deceased~~ _____, 19____, to _____, 19____, that I last saw him ~~her~~ alive on _____, 19____, and that death occurred, on the date stated above, at About 3/30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries received in an explosion
at Armour Packing Co, Cause of explosion unknown.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 194P 209W (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) B. W. Toole Coroner M. D.
May 10, 1930 (Address) St Joseph 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 Mt Olivet Cemetery DATE OF BURIAL May 12 19 30

20. UNDERTAKER NO Sederfader ADDRESS 1802 Union St

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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