

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

Do not use this space.

32851

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St Louis & West City Hospital # 1
No. of City..... St. Ward.....

File No.
Registered No. 9720
St. Ward.....

2. FULL NAME Orsamus Clarkson Duke
(a) Residence, No. 4894 Farlin St. 10 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Entry Depot Shapleigh
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation. Many

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLs

FATHER 13. NAME Orsamus Duke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER 15. MAIDEN NAME Amanda Eaton

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

17. INFORMANT Mrs Jennie Duke
(ADDRESS) 4894 Farlin Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Ill DATE Sept 18 1931

19. UNDERTAKER A. Kron & N Co
(ADDRESS) 2907 N Grand Blvd

20. FILED SEP 10 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 7:30 m.

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

930
Chronic Myocarditis
Other contributory causes of importance:
930

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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) [Signature] M-D.

(Address) [Address]

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.

