

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

3676
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 65-8
(b) Township Salline Primary Registration District No. 5-875 Registered No. 38
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 140 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 1

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1861

7. AGE YEARS 76 MONTHS 9 DAYS 23 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

FATHER 13. NAME Helvin Duwall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

MOTHER 15. MAIDEN NAME Mary Ann Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT Robert Duwall
(ADDRESS) St Mary R.I.

18. BURIAL CREMATION, OR REMOVAL PLACE Mount Hope DATE Jan 28 1938

19. FUNERAL DIRECTOR (ADDRESS) Young & Sons
Cabryville Mo

20. FILED 1-26 1938 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1938

22. I HEREBY CERTIFY That I attended deceased from January 10 1938, to January 26 1938
I last saw him alive on January 25 1938 Death is said to have occurred on the date stated above, at 3:58 A.M.
The principal cause of death and related causes of importance were as follows:
Left Hemiplegia (Cerebral apoplexy) Date of onset 1/10/38
Chronic Myocarditis 1/10/38+
Hypertension
Arteriosclerosis 1/10/38+

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Bernard T. Koont, M. D.
Perryville, Mo.
593 (Address)

Exact statement of OCCUPATION is very important.

RECEIVED

FEB 22 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Edward C. Young, Licensed Embalmer No. 2138
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward C. Young
L. E. _____
No. 2138 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Edward C. Young
Licensed Embalmer No. 2138

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3676
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 658
(b) Township Saline Primary Registration District No. 5875 Registered No. _____
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Duwall

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 76 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

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

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 1-26-38 J. F. Hoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Bernard T. Wood, M. D. (Address) Perryville m

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED BY LAW.

SUPPLEMENTARY

S-3676 1938