

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.

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

11599  
Do not use this space.

Dr. Prussell  
Libertine  
APR 19 1939 2

1. PLACE OF DEATH  
(a) County Mississippi Registration District No. 5-67  
(b) Township St. John Primary Registration District No. 5-703  
(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. da.

2. PRINT FULL NAME BERTHA MAY DUKES  
(a) Residence, No. Mississippi, Co. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 8 10

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Keeping house  
9. Industry or business in which work was done, as saw mill, bank, etc. Keeping house  
10. Date deceased last worked at this occupation (month and year) March 18, 1939 11. Total time (years) spent in this occupation. Life

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

FATHER  
13. NAME George Wilbur  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER  
15. MAIDEN NAME Pudence Hancock  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Co.

17. INFORMANT (ADDRESS) Garnet E. Dukes  
Bestons

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE 3/29/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. W. N. Shelby  
East Prussell

20. FILED 3-20 1939 Miss L. M. Hodges  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937 to March 19, 1939  
I last saw her alive on March 18, 1939. Death is said to have occurred on the date stated above, at 8 m.  
The principal cause of death and related causes of importance were as follows:  
Dysentery, miltitis

Date of onset \_\_\_\_\_

Other contributory causes of importance: renal

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 \_\_\_\_\_ (Signod) Dr. W. N. Prussell, M. D.  
Libertine (Address)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank!**