

APR 7 1941

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

Do not use this space.

12259

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1. PLACE OF DEATH

County Stoddard Registration District No. 840  
Township Duck Creek Primary Registration District No. 6102  
City Near Puxico (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Chas. Wm Duren

(a) Residence, No. near Puxico St. Rural Ward. 0  
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 17, 1941

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1940, to Feb. 11, 1941.

I last saw him alive on Feb. 7<sup>th</sup>, 1941. Death is said to have occurred on the date stated above, at 7<sup>15</sup> a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
64 2 8

Bright's disease Date of onset 7 yrs

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: Cardiac Dehna 17 yrs

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

Influenza

13. NAME James Duren

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

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

15. MAIDEN NAME uk.

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

17. INFORMANT Anna Duren (ADDRESS) Puxico mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hobbs DATE 2 - 17, 1941

19. UNDERTAKER Landon Funeral Home (ADDRESS) Campbell mo

20. FILED 3-5 1941 Deborah Bryant Registrar.

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) John W. Nuss  
(Address) Puxico, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 2,

District File Number 441-404

Date Filed 4/4/41