

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.

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

MAY 14 1940

7445
Do not use this space.

1. PLACE OF DEATH
 (a) County Monticau Registration District No. 678
 (b) Township Harrison Primary Registration District No. 3773A
 (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 Lloyd Elton Duvall
 (a) Residence, No. near High Point St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1892

7. AGE YEARS 47 MONTHS 8 DAYS 4 If LESS than 1 day, hrs. or min.

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

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) Monticau Co Mo

FATHER 13. NAME John Duvall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo

MOTHER 15. MAIDEN NAME Sophia Bartlett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Carrie Duvall
California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Flood Spring DATE 2/28/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips & Friedman
California Mo

20. FILED 2/24 1940 Jewell W. Phillips
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/15 1940 to 2/15 1940. I last saw him alive on 2/15 1940. Death is said to have occurred on the date stated above, at 2-PM. The principal cause of death and related causes of importance were as follows:
Preliminary T. B.
 Other contributory causes of importance: 73

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? No
 If so, specify.....
 (Signed) A. Swalen, M. D.
Edson Mo.

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..... *Hugh E. Williams*

Licensed Embalmer No..... *3537*

P. O. Address..... *California mo*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7445-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 576

Primary Registration District No. 5773A

Registrar's No. 2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Lloyd Elton Duwall

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 4 If less than one day hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 2/24/1940 (Date received by registrar) (b) Jewell W. Phillips (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Near High Point Mo.
(If outside city or town limits, write "RURAL") Rural
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

DEATH CERTIFICATION

20. DATE OF DEATH Month 2 day 21 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature G. D. Walker (M. D. or other)

Address Eldon Mo Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

