

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

Do not use this space.

22159

1. PLACE OF DEATH

County Monteau
Township Harrison
City (No.) St. Ward

Registration District No. 576
Primary Registration District No. 5973

File No.
Registered No. 4
St. Ward

2. FULL NAME Grace Geneva Duvall

(a) Residence. No. St. 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 11 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work No Occupation
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monteau Co
(STATE OR COUNTRY)

10. NAME OF FATHER John M. Duvall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monteau Co
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dapha Bartlett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monteau Co
(STATE OR COUNTRY)

14. INFORMANT Lloyd Duvall
(Address) High Camp Mo

15. FILED 7-2-31 John G. Cink REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 5am 1931

17. I HEREBY CERTIFY, That I attended deceased from April 5 to June 5, 1931, to Jones & Jones, 1931, that I last saw her alive on May 10, 1931, and that death occurred, on the date stated above, at 5 am 1931

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis
P. A.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED At Home
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS State of Kansas
(Signed) H. C. Blackstar, M. D.
, 19 (Address) Versailles Mo 181

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cemetery DATE OF BURIAL 6/23/31

20. UNDERTAKER Mullis & Friedman ADDRESS California

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. 65 1931

PARENTS

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Moniteau
Township Harrison
City (No. _____) _____

Registration District No. 2-76
Primary Registration District No. 2773

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Grace Geneva Duwall

(a) Residence, No. _____ St. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 1/8
(write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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. _____
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

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

19. UNDERTAKER (ADDRESS) _____

20. FILED Aug 18 1921 H. J. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1921

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:

Tuberculosis of the Lungs
Date of onset _____

Other contributory causes of importance: 23

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) _____, M. D.
(Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

N. 761, item of information should be carefully supplied. AGE should be stated in PLAIN TERMS. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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