

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. See list of causes of death furnished by local registrar.

1. PLACE OF DEATH.

County Logan
 Township Seward
 or Village Harma
 or City _____ No. _____ Street _____ Ward _____

Registration Dist. No.
Primary I. No.

CERTIFICATE OF DEATH
Oklahoma State Board of Health
 BUREAU OF VITAL STATISTICS
 OKLAHOMA CITY, OKLAHOMA

Register No. 2884

(If death occurred in a hospital or institution, give the name instead of street and number. If in an industrial camp, the name of the camp to be given.)

2. FULL NAME of decedent if an unnamed child the surname, preceded by "unnamed" _____
E. D. Dukes

Personal and Statistical Particulars

3. Sex <u>M.</u>	4. Color or Race, as white, black, mulatto (or other negro decent) Indian, Chinese, Japanese or other. <u>White</u>	5. Single, Married, Widowed or Divorced <u>Married</u>
6. DATE OF BIRTH _____ 19____ (Month) (Day) (Year)		
7. AGE <u>86</u> yrs. ____ mos. ____ days		If less than one day ____ hrs. or ____ mins
8. OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9. BIRTH PLACE At least state or foreign country if known. <u>Mo</u>		
10. NAME OF FATHER _____		
11. BIRTH PLACE OF FATHER At least state or foreign country if known.		
12. MAIDEN NAME OF MOTHER _____		
13. BIRTH PLACE OF MOTHER At least state or foreign country if known.		
14. The above is true to the best of my knowledge. Informant _____ Address _____		
15. Filed _____ 191____ _____ Registrar.		

Medical Certificate of Death.

16. DATE OF DEATH Aug 3 1917
 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased, From July 28, 1917 to Aug 3, 1917 that I saw him alive on Aug 3, 1917 and that death occurred on the date stated above at Harma P.M.

THE CAUSE OF DEATH, *Was as follows:
Pneumonia

(Duration) ____ yrs. ____ mos. ____ days
 Contributory (Secondary) _____
 (Duration) ____ yrs. ____ mos. ____ days

(Signed) Les A. Berry M. D.
Harma Okla. (Address)
 *State the disease causing death or, in deaths from violent causes; state (1) means of injury, and (2) whether accidental, suicidal or homicidal; state whether attributed to dangerous or insanitary condition of employment.

18. LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents.)
 At place of death ____ yrs. ____ mos. ____ days.
 In the State ____ yrs. ____ mos. ____ days
 Where was disease contracted, if not at place of death?
 Former or usual residence. _____

19. PLACE OF BURIAL OR REMOVAL _____ Date of Burial _____ 191____

20. UNDERTAKER _____ Address _____



State Department of Health
 State of Oklahoma
 OKLAHOMA CITY, OKLAHOMA 73117

CERTIFIED COPY MUST BE VALIDATED IN THREE COLORS



I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

September 22, 2000