FEB 21 1928

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

Do not use this space.

947

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township ~~Kansas City~~ — Primary Registration District No. 3019 — Registered No. 31
City ~~Kansas City~~ (No. 1810 Hedges Independence Sanitarium (Ward)

2. FULL NAME Charles Oscar Duffield
(a) Residence. No. Independence Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-28-1865

7. AGE: 62 YEARS, 3 MONTHS, 24 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrensburg
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Alfred Duffield
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) W. Va.
12. MAIDEN NAME OF MOTHER Sallie W. Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) W. Va.

14. INFORMANT Carl B. Duffield
(Address) Tulsa Okla.

15. FILED Jan 25 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22 1928

17. I HEREBY CERTIFY that I attended deceased from Jan 20, 1928 to Jan 22, 1928 that I last saw him alive on Jan 22, 1928, and that death occurred, on the date stated above, at 8:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Right
10X
131 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Nephritis Chronic
Interstitial (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) George Twyne, M.D.
1/23, 1928 (Address) Independence Mo

*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: Harrisonville Mo.
DATE OF BURIAL: 1/24 1928

20. UNDERTAKER: Stine & McClure L.C.
ADDRESS: 924 Oak K.C. Mo

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

[illegible] advance
over Brown Drug, Inc.
2:30 a [illegible]