FEB 21 1928

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

Do not use this space.

1579

1. PLACE OF DEATH

County: Jasper — Registration District No. 517

Township: — Primary Registration District No. 5-6-10

City: Webb City — (No. 30 Rd.) St. — Ward)

File No.

Registered No. 3

2. FULL NAME Marilda McDuffy

(a) Residence. No. Jasper Co. Tuberculosis Hospital St. Webb City 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: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 11 1876

7. AGE: Years 51 | Months 7 | Days 25 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Pulaski

(STATE OR COUNTRY): Penn.

PARENTS

10. NAME OF FATHER: John Rush

11. BIRTHPLACE OF FATHER (CITY OR TOWN):

(STATE OR COUNTRY): Penn

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):

(STATE OR COUNTRY): Unknown

14. INFORMANT: Dela McDonturff

(Address): Webb City Mo.

15. FILED 1/6, 1928 R. M. Stormont, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 4 1928

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1927, to January 4, 1928, that I last saw her alive on January 3, 1928, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pulmonary tuberculosis

538

(duration) 1 yrs. 1 mos. — ds.

CONTRIBUTORY (SECONDARY): Unknown

(duration) 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? Physical examination

(Signed) Vernon Hazlewood, M. D.

Jasper County Tuberculosis Hospital

Jan 4, 1928 (Address) Webb City, Missouri

*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: Mount Hope Cem. — DATE OF BURIAL: 1/6 1928

20. UNDERTAKER: Webb City Und. Co. — ADDRESS: Webb City 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.

THIS IS A PERMANENT RECORD