

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

Do not use this space.

3330

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **Spring** (No. **City Report**)

File No.

Registered No. **E 957**

St. Ward)

2. FULL NAME

(a) Residence. No. **Amherstbury** St. **23** Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred **1** yrs. **30** mos. **30** 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** **Duffy** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **unk - 1904**

7. AGE YEARS MONTHS DAYS **abt 24** **IF LESS than 1 day, hrs. or min.**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Sailor - 105B**
(b) General nature of industry, business, or establishment in which employed (or employer) **101**
(c) Name of employer **79A**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT **Robert D Simpson**
(Address) **City Report**

15. FILED **1938** **Max C. Starkloff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 14 1938**
17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1938 to Jan 14 1938 that I last saw him alive on Jan 14 1938, and that death occurred, on the date stated above, at 1:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococci leptothoracitis
of Right paravertebral region
Simple Metastasis due to Adenitis (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Peritonsillar Abscess
non Diphtheritic (duration) yrs. mos. ds.
cause unknown

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

8. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Robert D Simpson** M.D.
1/16 1938 (Address) **City Report**

*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 **Coalravy** **DATE OF BURIAL** **1-27-38**

20. UNDERTAKER **874-Graben Uco 2842 msnaw**
ADDRESS

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.

2.
Lengau