

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

Do not use this space.

17170

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Townships D. Row Primary Registration District No. 1100  
 City Danson City, Mo (No. 5801) Mc Lee St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 842  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Helen Duffy  
 (a) Residence No. 5801 Mc Lee St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Duffy  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13, 1868  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 9 7  
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

10. NAME OF FATHER George Tucker  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Massachusetts  
 12. MAIDEN NAME OF MOTHER Marionah Donohue  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ireland

14. INFORMANT Carl W. Townsend  
 (Address) 5801 Mc Lee

15. FILED May 15, 28 W. W. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1928  
 17. I HEREBY CERTIFY That I attended deceased from Sept 7, 1927, to May 14, 1928 that I last saw her alive on May 14, 1928, and that death occurred, on the date stated above, at 7 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Peripneumonia  
58 W (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none (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? Microscopic & clinical findings  
 (Signed) P. H. Owens M. D.  
 (Address) 819 Realta K. Crowe

\*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 Chicago, Ill. DATE OF BURIAL 5-15-28

20. UNDERTAKER Stuebke & Johnson ADDRESS \_\_\_\_\_

THIS IS A PERMANENT RECORD WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.





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