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

Do not use this space.

38353

File No. .....

Registered No. 10964

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5946 Plymouth St. ..... Ward)

2. FULL NAME John L Duffy

(a) Residence. No. ..... St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
abt.	70	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Belting & Rubber Co.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER James Duffy

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

12. MAIDEN NAME OF MOTHER Sarah Johnston

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

14. INFORMANT Anna Judge Duffy
(Address) 5946 Plymouth St

15. NOV -9 1928 Filed ..... 19..... Mary C. Starkloff Registrar

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Thursday Nov 8 1928

17. I HEREBY CERTIFY, That I attended deceased from 2 years, 19..., to Nov 8, 1928, that I last saw h... alive on 8th Nov, 1928, and that death occurred, on the date stated above, at 10 35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Hemorrhage
1 1/1 B
2 3 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Ulcer Duodenum
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 1112

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John B Rule, M.D.

11/9, 1928 (Address) 1023 Telegraph Bldg

*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	DATE OF BURIAL
Calvary	11-10 1928
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2039 Market

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.

Olivia Body
10-12