

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

Do not use this space.

43525

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... 2711 (2811a) Bernard

File No.....
Registered No. 12846
St. Ward)

2. FULL NAME

Rufus Duffin
(a) Residence. No. 2711a Bernard 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 male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr - 15 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Rufus Duffin or Coffey

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

12. MAIDEN NAME OF MOTHER Adelle Johnson

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

14. INFORMANT Florence Duffin
(Address) 2711a Bernard

15. FILED DEC 29 1928 Map C. Stanley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 25 - 1928

17. HEREBY CERTIFY, That I attended deceased from 12-25-, 1928 to 12-26-, 1928 that I last saw him alive on 12-25-, 1928, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

117th Gastin ulcer
ROB/11/11
(duration) yrs. mos. ds. 4
CONTRIBUTORY Intestinal indigestion
(SECONDARY) (duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Unknown

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: Symptoms

(Signed) L. E. Timent M. D.

, 19 (Address) 239th So. Jefferson

*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

Greenwood Cem 12-29-1928

20. UNDERTAKER ADDRESS 5700

Peoples and Co Franklin

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.

