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.

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

Do not use this space.

File No. 30278

Registered No.

1. PLACE OF DEATH

County Jasper — Registration District No. 411

Township — Primary Registration District No. 2002

City Joplin Mo. (No. ..., ... St. ... Ward)

2. FULL NAME Temple Harris Duff

(a) Residence. No. 2111 Sergeant Ave 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hester Ann Duff

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 5 1844

7. AGE: YEARS 86 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter
(c) Name of employer: self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

PARENTS

10. NAME OF FATHER: no Record
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: Mrs. Allie Plunkett
(Address) 2111 Sergeant

15. FILED 9-27, 1930 A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1930, to Sept 26, 1930, that I last saw him alive on Sept 26, 1930, and that death occurred, on the date stated above, at 10 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis — Hemiplegia
131
92D
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

129

(Signed) Benson Clark, M. D.
10/2, 1930 (Address) Joplin Mo

*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: Fairview — DATE OF BURIAL: Sept 29 1930

20. UNDERTAKER: Frank Sievers — ADDRESS: Joplin Mo