

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

Do not use this space.

3349

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **575**
St. Ward)

2. FULL NAME

(a) Residence. No. **4944 Lindell** St., **12** Ward.

(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)

Female White Widowed

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

Joseph A. Duffy

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

Jan 15 1860

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>70</i>	<i>11</i>	<i>28</i>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Missouri

10. NAME OF FATHER

Joseph Galsides

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

England

12. MAIDEN NAME OF MOTHER

Martha Allan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

England

14.

INFORMANT *Ortie C. Duffy*
(Address) *4944 Lindell*

15.

FILED *15 1931*
REGISTRAR *W. Parker*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 13 1931

17. No Physician attended
HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that death occurred, on the date stated above, at....., m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

930 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *J. W. Kerner*, M. D.

*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

Bellyfontaine

Jan 15 1931

20. UNDERTAKER

ADDRESS

Wayman

3621 Olive

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.

