MAR 27 1931

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

Do not use this space.

6850

96

1. PLACE OF DEATH

County St Louis — Registration District No. 784 — File No.

Township St Ferdinand — Primary Registration District No. 6030 — Registered No.

City Jennings Mo. (No. 8320, Mayfair Pl St. Ward)

2. FULL NAME Margaret Duffy.

(a) Residence. No. 8320 Mayfair Pl St. Ward. (If nonresident, give city or town and State)
(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.

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 Edward Duffy.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	2	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Douglas
(STATE OR COUNTRY) Illinois 2

PARENTS

10. NAME OF FATHER Don't know.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know. 31

12. MAIDEN NAME OF MOTHER Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know.

14. INFORMANT Mr Philip W. Stengel
(Address) 3822 Connecticut St.

15. FILED 3-3, 1931 Dr. Carl J. Koontz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1930, to Feb 16, 1931 that I last saw her alive on Feb 16, 1931, and that death occurred, on the date stated above, at 2.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
92C
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 93
(duration) 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?

(Signed) W H White, M.D.
2/18, 1931 (Address) 2803 N. Kingsbury Way

*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 Cemetery	2-20 1931
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton Ave

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.