

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

Do not use this space.

18120

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1002  
 City Man. Co. Cty. (No. P.C. Hoop #2 N.C. M.V. St. 2261 Ward)

2. FULL NAME Duffie Townsler  
 (a) Residence No. 105-09 E. 20th St. 111 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 Female  
 4. COLOR OR RACE negro  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
? 64  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Unemployed  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) 31

PARENTS  
 10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Elizabeth Williams  
 (Address) 2509 E 20th St. Apt 1

15. FILED 5/18 31 M. M. Brown REGISTRAR  
Assn

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1931  
 17. I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to May 17, 1931, that I last saw her alive on May 12, 1931, and that death occurred, on the date stated above, at 8:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial infarction  
Unknown (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Hypertensive Heart (Renal)  
Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Unknown  
 DID AN OPERATION PRECEDE DEATH? no DATE OF Unknown  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) W. M. Miller, M.D.  
May 17, 1931 (Address) N.C. Hoop #2 P.C.M.

\*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 Blue Field DATE OF BURIAL 5-19 1931

20. UNDERTAKER Wayle Bros. ADDRESS 1708 7th

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.

K.C.M.

