

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.

25 1931

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

Do not use this space.

21868

1. PLACE OF DEATH

County Jasper Registration District No. 415
Township Reeds - Sarcoxie Primary Registration District No. 5571A
City Reeds (No. _____) St. _____ Ward _____

2. FULL NAME Andrew Huston Duty -

(a) Residence, No. Reeds Mo R7D St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 - 1852

7. AGE YEARS 79 MONTHS 3 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) Feb - 1928 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME (Dont know)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Farrall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) V. J. Duty Reeds Mo R7D

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcoxie Cem. DATE June 4 1931

19. UNDERTAKER (ADDRESS) Swexin and Co Sarcoxie Mo

20. FILED 6/4 1931 Geo. L. Braydon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 3 - 1931

22. I HEREBY CERTIFY That I attended deceased from May 30, 1931, to June 3, 1931. I last saw him alive on June 3, 1931. Death is said to have occurred on the date stated above, at 11:45 m. A. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Chronic Interstitial Nephritis

Other contributory causes of importance:
131
97A 131

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Geo. L. Braydon, M. D.
(Address) Reeds Mo

