

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

Do not use this space.

30897

1. PLACE OF DEATH

County Daviess
Township Marion
City (No. ,)

Registration District No. 254
Primary Registration District No. 5358

File No. _____
Registered No. 28 Ward _____

2. FULL NAME Thomas R Duffey

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME George Duffey

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

15. MAIDEN NAME Sarah Roberts

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

17. INFORMANT (ADDRESS) T. R. Duffey
Pattonsburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Civilbend DATE Sept 18, 1931

19. UNDERTAKER G. S. Gromer
(ADDRESS) Pattonsburg, Mo

20. FILED 9-16 1931 John G. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16/31 1931

22. I HEREBY CERTIFY, That I attended deceased from March 10 1931 to Sept 16 1931

I last saw him alive on Sept 15 1931 Death is said to have occurred on the date stated above, at 3-45 P.M

The principal cause of death and related causes of importance were as follows:

Acute Degeneration of Heart & Arteriosclerosis Date of onset 97

Other contributory causes of importance: 95B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) L. S. Hedges _____, M. D.
(Address) Pattonsburg

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.

OCT 22 1931

