

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

Do not use this space.

33479

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Paris Primary Registration District No. 5005
City Kirkville (No. _____, _____ St. _____ Ward _____)

File No. _____
Registered No. 168
St. _____ Ward _____

2. FULL NAME: Lillie A. Duffie

(a) Residence, No. _____ St. _____ Ward. Kirkville, R.F.D.
(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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-29-1872</u> | | |
| 7. AGE | YEARS <u>59</u> | MONTHS <u>6</u> |
| | DAYS <u>108</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u> | |
| FATHER | 13. NAME <u>James M. Duffie</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u> | |
| | 15. MAIDEN NAME <u>Polly Martin</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u> | |
| 17. INFORMANT <u>M. L. Duffie</u> (ADDRESS) <u>Kirkville R.F.D.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>10-9-</u> 19 <u>31</u> | | |
| 19. UNDERTAKER <u>Duffie</u> (ADDRESS) <u>Kirkville, Mo.</u> | | |
| 20. FILED <u>10-16</u> 19 <u>31</u> <u>C. Becker</u> <u>Registrar</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7- 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to Oct 7, 1931.
I last saw him alive on Oct 7-, 1931. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Acute Yellow Atrophy
of Liver
12/25/25
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Lobectomy, etc. Was there an autopsy? Yes

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) E. H. Laughlin, M. D.
(Address) Kirkville, Mo.

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.

NOV 23 1931

1931-10-7
1872-8-29

59-6-8