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

Do not use this space.

34645

**1. PLACE OF DEATH**

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No. 4364

City Kansas City, Mo. (No. General Hospital St. Ward)

**2. FULL NAME** Lloyd Duffy

(a) Residence. No. St., Ward. 1024 East 23rd North K.C.Mo.
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 3, 1906

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 9 | 2[illegible] | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer K.C.Marble & Tile Co.

9. BIRTHPLACE (CITY OR TOWN) Appleton City, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Smith Duffy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lula Biles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT Raymond Duffy
(Address) 2621 East 27th St. K.C.Mo.

15. FILED 10/29, 1931 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-29 1931

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental fract skull.

205 M

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hit with a belt while working (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 205

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Stanley M. Hall M.D.

10/29, 1931 (Address) Deputy Coroner

*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 |
|---|---|
| Appleton City Mo | 10/31 1931 |
| 20. UNDERTAKER | ADDRESS |
| Morton & Co. | N.K.C. Mo |

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.