

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.

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

Do not use this space.

3857

1. PLACE OF DEATH

County Buchanan Registration District No. 86
Township Bloomington Primary Registration District No. 5128
City Halls (No. _____ St. _____ Ward _____)

2. FULL NAME William George Duty

(a) Residence, No. Halls Mo. St. _____ Ward _____
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Alice Duty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) Jan. 1932 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halls Missouri 1

13. NAME Lemuel Duty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia 2

15. MAIDEN NAME Louisia Mc Coy

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

17. INFORMANT Norman Duty (ADDRESS) Halls Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Curlin Cem. DATE 2-26 19

19. UNDERTAKER Field D. Clark (ADDRESS) _____

20. FILED Field D. Clark (ADDRESS) _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1932 19
22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1932 to Feb 22 1932
I last saw him alive on Feb 22 1932 Death is said to have occurred on the date stated above, at 3:09 p.m.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease Feb. 10 1932
72A
Other contributory causes of importance: 92A 1932

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) E. B. McAdoo M. D.
(Address) 125 West 7th

MAR 21 1932

