

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

Do not use this space.

8148

1. PLACE OF DEATH

County Grundey
Township Galt
City Galt (No. _____)

Registration District No. 327
Primary Registration District No. 4194

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Duff (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 - 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	84	1	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired Mch. 7
(b) General nature of industry, business, or establishment in which employed (or employer). retailing mch
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 8

10. NAME OF FATHER John Duff

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

12. MAIDEN NAME OF MOTHER Margaret Low

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

14. INFORMANT Floy Duff (Address) Galt Mo.

15. FILED 3-10-1932 H C Weston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1932

17. I HEREBY CERTIFY, That I attended deceased from 3-20-1931, to 3-10-1932, that I last saw him alive on 3-7-1932, and that death occurred, on the date stated above, at 3:35 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
1936

97 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) H C Weston M. D.

3-10-1932 (Address) Galt, Mo.

*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 Galt 1007 Cem. Mo DATE OF BURIAL Mar. 12 1932

20. UNDERTAKER R K Bayne & Son ADDRESS Galt 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.

APR 26 1932

