

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.

C. N. Smith
Professional

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

Do not use this space.

12562
File No. *1497*
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. St Josephs Hosp)

2. FULL NAME John W Duff

(a) Residence, No. 1822 Summit St. _____ Ward _____
(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Duff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22, 1874</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>1</u>
		DAYS
		<u>15</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>Blacksmith</u> <i>24</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rock Island R.R.</u>	
	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>Fort Smith</u> <u>Arkansas</u>	
	13. NAME <u>Christopher Duff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u> <i>51</i>	
	15. MAIDEN NAME <u>No Record</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
	17. INFORMANT <u>Margaret Duff</u> (ADDRESS) <u>1822 Summit</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys Cem.</u> DATE <u>4-11-32</u>		
19. UNDERTAKER <u>Dirk & Tobin Co.</u> (ADDRESS) <u>Linwood & Main</u>		
20. FILED <u>4/9, 1932</u> <u>M. M. Crave</u> <u>Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932 to April 8, 1932.
I last saw him alive on April 4, 1932. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

myocarditis, acute
pyelonephritis
carcinoma prostate

Other contributory causes of importance
prostate

Name of operation Prostatectomy Date of April 5
What test confirmed diagnosis? pathology 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 no
(Signed) Chas. J. Tomlin, M. D.
(Address) 525 Professional Bldg

