

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

Do not use this space.

1. PLACE OF DEATH

County Genesee Registration District No. 3/6
 Township Camp Primary Registration District No. 54299
 City (No. _____) St. _____ Ward _____

File No. 947
 Registered No. 92
 St. _____ Ward _____

2. FULL NAME Mrs. Clorinda Duley

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Duley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15-1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 29

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genesee Co. MO

13. NAME Afel. Spont.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Mahala Starnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT John Duley
 (ADDRESS) Genesee Co. MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Clontary MO DATE 1/6 33

19. UNDERTAKER L. H. Phillips
 (ADDRESS) Clontary MO

20. FILED 1/5 33 Mattie David
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933, to Jan 4 1933
 I last saw h. or alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 7:40 a.m.
 The principal cause of death and related causes of importance were as follows:

11B
Influenza
 Other contributory causes of importance: 11B
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: ✓
 Accident, suicide, or homicide? ✓ Date of injury 1933
 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 vepo. H. Bonfou M. D.
 (Signed) King city MO
 (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FEB 2 1933
 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.

Dr. Bonfar.