

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

Do not use this space.

6361

**1. PLACE OF DEATH**

County St. Charles Registration District No. 757  
 Township ..... Primary Registration District No. 3036  
 City St. Charles (No. 723, Clay) St. .... Ward)

File No. ....  
 Registered No. 77

**2. FULL NAME**

Mary Duty  
 (a) Residence, No. 723 Clay 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jul 17-1845</u>		
7. AGE	YEARS	MONTHS
	<u>87</u>	<u>1</u>
		DAYS
		<u>22</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>None</u>	
	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) .....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>John D. Duty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Schmitt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Jos. Duty</u> (ADDRESS) <u>723 Clay St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's</u> DATE <u>July 11</u> 19 <u>33</u>		
19. UNDERTAKER <u>W. J. Allen &amp; Sons Co</u> (ADDRESS) <u>300 N. 3rd St.</u>		
20. FILED <u>2/11</u> 19 <u>33</u> <u>Ag. G. Bloebauer</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932, to Feb. 9, 1933

I last saw her alive on Feb 9, 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute gastro-enteritis  
120° / 100°  
120° / 100°  
 Date of onset Feb 5 33

Other contributory causes of importance:  
Senility

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) John W. Cogswell, M. D.  
 (Address) 4912 W. P. Union Ave  
St. Louis, Mo

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.

