

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

Do not use this space.

APR 25 1934

PLACE OF DEATH

County Phillips
Township Blackburn
City Blackburn

Registration District No. 112
Primary Registration District No. 6886

File No. 9946
Registered No. 3
St. _____ Ward _____

2. FULL NAME Michel P. Duffey

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 63 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Duffey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1870
7. AGE YEARS 63 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Nov 1, 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

MOTHER FATHER 13. NAME Patrich Duffey

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

15. MAIDEN NAME Alace Dickson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettist Co Mo

17. INFORMANT (ADDRESS) Vernie Duffey

18. BURIAL, CREMATION, OR REMOVAL PLACE Amoroch DATE Mar 5, 1934

19. UNDERTAKER (ADDRESS) R C Carter

20. FILED Mar 5, 1934 J. Lorch S. Taylor
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933 to Mar 2, 1934
I last saw him alive on Mar 2, 1934 Death is said to have occurred on the date stated above, at 8 A. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the liver Date of onset Aug 1933
H. E. 46
1113

Other contributory causes of importance: Terminal Pneumonia Feb 25, 1934

Name of operation None 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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) A. R. Rungen _____ M. D.
(Address) Secret Springs, 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.

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