

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

Do not use this space.

SEP 20 1934

29493

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township New Primary Registration District No. 1002  
City N.E. MO. (No. Research Hospital St.          Ward         )

2. FULL NAME

Quintilla M. Duffield  
(a) Residence, No. 2740 Cypress 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 fe 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 Thomas Duffield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-15-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 0 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Levas

13. NAME Wm P. Ritter

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

15. MAIDEN NAME Emma Elliott

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

17. INFORMANT (ADDRESS) J. D. Duffield

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug-21-34

19. UNDERTAKER (ADDRESS) Mrs. E. L. Fortner

20. FILED 821-34m. Dr. Morrow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-19-34

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934 to Aug 19, 1934

I last saw her alive on Aug 19, 1934 Death is said to have occurred on the date stated above, at 3: AM

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

Myelogenous Leukemia Date of onset 2/2

Other contributory causes of importance: 72

Name of operation Soft Chisel Date of           
What test confirmed diagnosis? Soft Chisel 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) Ralph Perry M. D.  
(Address) 4800

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.

Jerry  
at 8:00 AM  
1.30 AM