

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

Do not use this space.

MAR 26 1935

5671 ✓

**1. PLACE OF DEATH**

County Jackson Registration District No. 400  
 Township Proctor Primary Registration District No. 4235  
 City Lee Summit (No. Lee Summit) St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Forest S. Duffell  
 (a) Residence, No. Lee Summit Mo. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>male</u>	<b>4. COLOR OR RACE</b> <u>white</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <u>married</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF</b> <u>Don't know</u>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>aug-13-1869</u>		
<b>7. AGE</b>	<b>YEARS</b> <u>65</u>	<b>MONTHS</b> <u>6</u>
	<b>DAYS</b> <u>12</u>	<b>IF LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.</b> <u>Retired</u>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>Printing Pressman</u>	
	<b>10. Date deceased last worked at this occupation (month and year)</b>	
<b>FATHER</b>	<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Don't know</u>	
	<b>13. NAME</b> <u>Don't know</u>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Don't know</u>	
	<b>15. MAIDEN NAME</b> <u>Don't know</u>	
<b>MOTHER</b>	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Don't know</u>	
	<b>17. INFORMANT (ADDRESS)</b> <u>H. J. Brooke 223 E 9th St Kansas City Mo</u>	
	<b>18. BURNAL, CREMATION, OR REMOVAL PLACE</b> <u>Kansas city</u> DATE <u>2-15-35</u>	
<b>19. UNDERTAKER (ADDRESS)</b> <u>Freeman mortuary &amp; Chapel 104 West 47th St</u>		
<b>20. FILED</b> <u>Feb. 15 1935 William J. Fields Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb. 15 1935

**22. I HEREBY CERTIFY**, That I attended deceased from January 29 1935 to Feb. 15 1935  
 Last saw him alive on Feb. 15 1935. Death is said to have occurred on the date stated above, at 2:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza Pleurisy and Bronchitis

**Other contributory causes of importance:**  
None

**Name of operation** None **Date of** \_\_\_\_\_  
**What test confirmed diagnosis?** None **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.** \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** No  
 If so, specify \_\_\_\_\_  
 (Signed) H. H. Ragsdale, M. D.  
 (Address) Lee Summit Mo.

Date of onset  
1/29/35  
2/2/35

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.

