

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.

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

Do not use this space. ✓

MAR 26 1935

5683

1. PLACE OF DEATH

County Jackson

Registration District No. 400

Township Prague

Primary Registration District No. 5553B

City Littleton (No. 10)

Home

File No. _____

Registered No. 44

St. _____ Ward _____

2. FULL NAME

Frank Duff

(a) Residence, No. Jackson County Home Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 - 1865</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>1</u>	DAYS <u>1</u>
If LESS than 1 day; _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to 2-11, 1935

I last saw him alive on 2-11, 1935 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:
chronic myocarditis Date of onset _____

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	11. Total time (years) spent in this occupation
	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)	

Other contributory causes of importance:
AS

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	

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.

17. INFORMANT Ernest Jackson
(ADDRESS) 70 County Home

18. BURYING, CREMATION, OR REMOVAL
at School of St. _____ DATE Feb 14, 1935

19. UNDERTAKER Metzger
(ADDRESS) 36 No _____

20. FILED Feb 14, 1935 William J. Fields
Registrar.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. W. Green, M. D.
(Address) _____ Mo.

