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.

100M-11-24-33

AUG 20 1935

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

Do not use this space.

20013

File No. 2861

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township ~~Kaw~~ — Primary Registration District No.

City Kansas City (No. 5007 Euclid St. Ward)

2. FULL NAME J.C.Duffy

(a) Residence, No. 5007 Euclid St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs.Margaret Duffy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.26th.1855 (1855)

7. AGE — YEARS: 80 — MONTHS: 5 — DAYS: 3 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Funeral Director

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) Ill.

FATHER

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT J.C.Duffy Jr. (ADDRESS) 2333 Benton Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St.Mary's Cem. DATE 7/2/35, 19

19. UNDERTAKER W.F.Mayberry (ADDRESS) City

20. FILED July 1, 1935 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30th. 1935

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

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9 AM.

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

	Date of onset
Aortic Stenosis	Jan 1/34
92a	

Other contributory causes of importance:

Oedema Lungs	1 day

Name of operation — Date of

What test confirmed diagnosis? — 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? No

If so, specify

(Signed) J.A.Keogan, M. D.

(Address) S E 54 Tenace

Bey [illegible]
#5 E 54 St
Ah 1830
[illegible]