

JUN 20 1936

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

Do not use this space.

19103

1. PLACE OF DEATH

County HenryRegistration District No. 312Township CochranPrimary Registration District No. 5431ACity Farmington (No. _____) St. _____ Ward _____

File No. _____

Registered No. 142. FULL NAME Sarah Elizabeth Rogers Duffin(a) Residence, No. Kingdom Rd. Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm B Duffin6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 18437. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
92 9 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General work

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) 1911 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky.13. NAME James Rogers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illland15. MAIDEN NAME Maray Covington16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT (ADDRESS) Mrs. J. A. L. L. L.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Patrick's DATE May 30 193619. UNDERTAKER (ADDRESS) R. H. Vaggant20. FILED May 29 1936 Donald J. Gault Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 193622. I HEREBY CERTIFY, That I attended deceased from March 10 1935 to May 28 1936I last saw her alive on April 26 1936 Death is saidto have occurred on the date stated above, at J. A. m.

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

Chronicia of blood vessels
Arteroma
97

Other contributory causes of importance:

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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Arteroma(Signed) K. C. Cummings, M. D.(Address) Magwell St.

