

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

Do not use this space.

JUL 27 1936

24059

1. PLACE OF DEATH

County St. Francois  
Township Liberty  
City Winnack (No. \_\_\_\_\_)

Registration District No. 1115  
- Primary Registration District No. 6021

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Stella E. McDuffee

(a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert E. McDuffee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 1897</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>2</u>
		DAYS
		<u>18</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homemaker</u>	
	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) <u>Winnack MO</u>		
MOTHER	13. NAME <u>Henry M. Ness</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winnack Missouri</u>	
	15. MAIDEN NAME <u>Annie Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winnack</u>	
17. INFORMANT <u>Robert E. McDuffee</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Silverdale Cem.</u> DATE <u>6/6/36</u>		
19. UNDERTAKER (ADDRESS) <u>Ed. J. Johnson</u>		
20. FILED <u>6/15 1936</u> by <u>W. Rydeen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1936

22. I HEREBY CERTIFY that I attended deceased from May 4 <sup>1936</sup> to June 14 <sup>1936</sup>.  
I last saw her alive on June 14 1936. Death is said to have occurred on the date stated above, at 11:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
with Rheumatism  
Carcinoma of Uterus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. Harry Johnson, M. D.  
(Address) Fredricktown

Date of case: Apr 1936

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.

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