OCT 5 1936

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

Do not use this space.

35714

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9333

City St. Louis (No. 2835a MARKET St. ..... Ward)

2. FULL NAME FANNIE McDUFF

(a) Residence, No. 2835a MARKET St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: FEM
4. COLOR OR RACE: COL
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: HENRY McDUFF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 7, 1884

7. AGE: YEARS 52 MONTHS 1 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWIFE
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): MISS

FATHER

13. NAME: Ed GRANT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISS

MOTHER

15. MAIDEN NAME: NETTIE COLLINS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISS

17. INFORMANT (ADDRESS): HENRY McDUFF 2835a MARKET

18. BURIAL, CREMATION, OR REMOVAL
PLACE GREENWOOD DATE 9/10 1936

19. UNDERTAKER (ADDRESS): R. M. C. GREEN 1517 LACLEDE AVE

20. FILED SEP 9 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9—4, 1936

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 11 o'P m.

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

	Date of onset
6 hrs. Myocarditis	
Arteriosclerosis	

Other contributory causes of importance: 9 hr

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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

(Signed) Harold [illegible], M. D.

(Address) Depfoy

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.