

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.

1. PLACE OF DEATH
MAY 31 1937

58 County Randolph
Township Moniteau
City (No. St. Ward)

Registration District No. 7325966
Primary Registration District No. 4437

17345
File No. 106
Registered No. 732

2. FULL NAME Frank Duffield

(a) Residence, No. St. 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

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 4 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Randolph Co Mo

13. NAME William H Duffield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

15. MAIDEN NAME Iva Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co

17. INFORMANT Luey Baker (ADDRESS) Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE May 4 1937

19. UNDERTAKER C. L. Feland (ADDRESS) Highway

20. FILED May 4 1937 J. W. Wynn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to May 2 1937
I last saw h. live on May 2 1937. Death is said to have occurred on the date stated above, at 2.10 a.m.

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

Lobar Pneumonia
Date of onset Apr 26 1937

Other contributory causes of importance:

Name of operation None 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? No
If so, specify

(Signed) W. S. Duffield
(Address) Highway, Mo.

