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.

AUG 30 1937

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

Do not use this space.

28278

1. PLACE OF DEATH
County St. Louis 2 — Registration District No. 784
Township St. Ferdinand 1 — Primary Registration District No. 6630
City ~~Jennings, Mo.~~ (No. 2520 McLearn Ave., St. Ward)

File No.
Registered No. 137

2. FULL NAME Margret A. Duffy
(a) Residence, No. 6205 Bailey Pl., St., Ward. Wellston, MO.
(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: Female
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) Aug. 17, 1884.
7. AGE: YEARS 52 — MONTHS II — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Missouri

FATHER
13. NAME Charles Duffy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary A. Cody
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Michael J. Fahy 6205 Bailey Pl.,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE July 19/37.
19. UNDERTAKER (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.,
20. FILED 7-17 1937 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17/37. 19

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937, to July 17, 1937
I last saw her alive on July 16, 1937. Death is said to have occurred on the date stated above, at 1.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis Deformans	1931
Other contributory causes of importance:	
Chr. Myocarditis	1935

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? no
If so, specify
(Signed) E. M. Schmidt, M. D.
(Address) 6704 W. Florissant

dr. E.M. SChmidt
7604 W. Florissant Ave.,
Ev. 4555