OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Barton
Township
City Golden City (No. , St. Ward)

Registration District No. 39
Primary Registration District No. 4023

File No. 33575
Registered No.

2. FULL NAME Louis D. Durfee

(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19-1891

7. AGE 31 YEARS 45 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Wisconsin

FATHER
13. NAME J. S. Durfee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Dora Bayles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT (ADDRESS) Mrs. Isal Durfee Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem. Golden City, Mo. DATE Sept. 11 1937

19. UNDERTAKER (ADDRESS) E. A. Phillips Golden City, Mo.

20. FILED Sept 11 1937 Margaret Grace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1937, to Sept 9, 1937
I last saw him alive on Sept 8, 1937. Death is said to have occurred on the date stated above, at 3:10 a.m.
The principal cause of death and related causes of importance were as follows:

Epilepsy

Date of onset

85

Other contributory causes of importance:

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) Chas. R. Boone, M. D.
(Address) Golden City Mo

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.