

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

Do not use this space.

DEC 20 1937

40068

1. PLACE OF DEATH

County... Jackson

Registration District No. 399

Township... Kaw

Primary Registration District No. 1002

City... Kansas City

(No. 1209 Brush Creek

File No.

Registered No. 1006

St. Ward

2. FULL NAME Austin M. Duley

(a) Residence, No. 1209 Brush Creek 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.

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 DIVORCEDHUSBAND OF
(OR) WIFE OF

Edith Duley

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

April 23 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

61

6

7

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

Retired Real

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Estate

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**

Unknown

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

Unknown

MOTHER**15. MAIDEN NAME**

Unknown

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

Unknown

17. INFORMANT (ADDRESS)Mrs Edith Duley
1209 Brush Creek Blvd**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Forest Hill DATE Nov. 1 1937

19. UNDERTAKER (ADDRESS)H. W. Newcomer Sons
Kansas City - Mo.**20. FILED**Nov 1 1937 M. M. Brown
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Oct 30th 1937**22. I HEREBY CERTIFY, That I attended deceased from**

Chronic

, 19...

I last saw h. alive on....., 19... Death is said

to have occurred on the date stated above, at 2:30 a. m.

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

Chronic silver

Date of onset

Chronic before myocarditis

Other contributory causes of importance:

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

What test confirmed diagnosis..... 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 whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease of deceased related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

, M. D.

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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