DEC 16 1937

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

Do not use this space.

41120

1. PLACE OF DEATH
County Daviess
Township Marion
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 254
Primary Registration District No. 4154

File No. 19
Registered No. .....

2. FULL NAME George Milton Duffey

(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24-1855

7. AGE: YEARS 82 MONTHS 7 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer.
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) Logan Co. Ohio.

FATHER
13. NAME Geo Duffey.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Sarah Coster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Jones Riggs Pattonsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Civil Bend DATE Oct 31, 1937

19. UNDERTAKER (ADDRESS) G. S. Gromer Pattonsburg Mo.

20. FILED 10-30, 1937 Wances-Sutton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1936 to Oct. 30, 1937.
I last saw him alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrite Heart Block	

Other contributory causes of importance:
Organic Heart

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? .....
If so, specify .....
(Signed) J. B. Graham, M. D.
(Address) Jamesons, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.