

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

DEC 23 1937

1. PLACE OF DEATH

County New Madrid
Township Cornes
City _____ (No _____) _____ (Ward _____)

Registration District No. 605-1
Primary Registration District No. 435-9

File No. 41970

Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. James S. Duffendall
(Usual place of abode) Parma, Mo. 64654 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>5</u>	<u>16</u>	

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

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) Ind

13. NAME Oliver P. Duffendall

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

15. MAIDEN NAME Ethia Miller

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

17. INFORMANT Sherman Duffendall
(ADDRESS) Mathews, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waylor DATE 11-27 1937

19. UNDERTAKER none
(ADDRESS)

20. FILED 11/27 1937 Dr. G. W. Gustaf
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1937, to 11-26, 1937

I last saw him alive on 11-26, 1937 Death is said to have occurred on the date stated above, at 7 P. m.

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

Coronary Decomposition Date of onset

Other contributory causes of importance: 9503

Name of operation Clinical 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 _____, 1937

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 None
(Signed) G. W. Gustaf, M. D.

(Address) Parma

