

RECD APR 23 1938

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

9829
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Saw Primary Registration District No. 1292 Registered No. 1294
(c) City Warrens City (d) Street No. St. Joseph Hospital St.
(If death occurred in hospital or institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4730 Fairmount St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

A. SEX Male COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF Gertrude A. Duffy (OR) WIFE OF Feb 26, 1869

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1869

7. AGE YEARS 69 MONTHS 0 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as saw mill, bank, etc. Terminal Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER 13. NAME William Duffy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Champion
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Mrs. Gertrude A. Duffy
4730 Fairmount

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 5/24/38

19. FUNERAL DIRECTOR (ADDRESS) F. O. Smith
375 Broadway

20. FILED Mo. 124, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1938 to Mar. 22, 1938
I last saw him alive on Mar. 22, 1938 Death is said to have occurred on the date stated above, at 12:50 am
The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset 4 days
B + Lung
46

Other contributory causes of importance:
Carcinoma
Scarcum

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. D. Sturmer M. D.
(Address) 1402 Bryant Bldg.

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.

By the [unclear] [unclear]

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)