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.

REC'D AUG 24 1938

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

Do not use this space.

File No. 25071

Registered No. 89

Registration District No. 198

Primary Registration District No. 3011

1. PLACE OF DEATH

County: Clay

Township: Fishing River

City: Excelsior Springs, Mo. (No.) Veterans Administration Facility St. 3d Ward)

2. FULL NAME Willie A. McDUFFEE 931

(a) Residence, No. Veterans Adm. Facility, Excelsior Spgs. St. Ward. Mo. 3634 Bellefontaine, Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 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~~ Ophelia L. McDuffee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1873

7. AGE: Years 65 | Months 5 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jewel Co., Kansas

FATHER

13. NAME Daniel M. McDuffee

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

MOTHER

15. MAIDEN NAME Sarah A. Randall

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

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Kansas City, Mo. DATE July 3, 1938

19. UNDERTAKER (ADDRESS) D. W. Newcomers, Kansas City, Mo.

20. FILED 6-4-, 1938 Lorene McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938, to July 2, 1938

I last saw him alive on 10:30 PM, 7-2, 1938 Death is said to have occurred on the date stated above, at 10:30 m. PM

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

	Date of onset
Cerebral Apoplexy	

8761

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? Exam & Obs 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 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) H. E. DOWNS, M. D., M. D.

(Address) Vets. Adm. Fac. Excelsior Springs, Mo

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a.