

REC'D SEP 20 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH29141  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
 (b) Township Prairie Primary Registration District No. 555313 Registered No. 193  
 (c) City Little Blue (d) Street No. Jackson County Home for the Deaf  
 (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 JAMES DUFF

(a) Residence, No. J.C. Home 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 19 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Gracerman  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation 4

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

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 Ernest Jackson  
 (ADDRESS) Little Blue, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkville, Mo. DATE Aug 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hetterlin  
A. C. Mo.

20. FILED Sept 9, 1938 William F. Fields  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1938, to 8-23, 1938

I last saw him alive on 8/22, 1938 Death is said

to have occurred on the date stated above, at 10:30 am.

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

mitral regurgitation Date of onset

Other contributory causes of importance: 92W

Name of operation Clinical Date of 23

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 \_\_\_\_\_, 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? No

If so, specify \_\_\_\_\_

(Signed) J. W. Greene, M. D.

(Address) 300

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**