

REC'D NOV 21 1938

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

Do not use this space.

34787

1. PLACE OF DEATH

County Jackson
Township La Row
City Wasson City (No. 100)

Registration District No. 399
Primary Registration District No. 1200
St. Marys Hospital

File No. _____
Registered No. 4123
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. mo. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 4 - 1936</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>11</u>
		DAYS
		<u>22</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	13. NAME <u>Harold Duffey</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	15. MAIDEN NAME <u>Curly Barber</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
17. INFORMANT <u>Accoster</u> (ADDRESS) <u>St. Louis Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Louis Mo</u> DATE <u>Nov 24 1938</u>		
19. UNDERTAKER <u>W. J. Carter</u> (ADDRESS) <u>St. Louis Mo</u>		
20. FILED <u>10-23 1938</u> <u>M. M. Crowe, cash</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22/38

22. I HEREBY CERTIFY, That I attended deceased from 10/20/38, 19____, to 10/22/38, 19____.
I last saw him alive on 10/22/38, 19____. Death is said to have occurred on the date stated above, at 1235 Bn.
The principal cause of death and related causes of importance were as follows:
Chronic mitral endocarditis
and myocarditis
(Rheumatic heart disease).

Date of onset _____

Other contributory causes of importance: 426

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy 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 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 CS Smith
(Signed) _____, M. D.
(Address) 1109 Park Blvd
St. Louis

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.

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