REC'D APR 11 1939

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

Do not use this space.

File No. 11447

Registered No.

1. PLACE OF DEATH

County: Livingston

Township:

City: Chillicothe (No. , Chillicothe Hospital St. Ward)

Registration District No. 508

Primary Registration District No. 3026

2. FULL NAME 143 Adam Duffield

(a) Residence, No. St., Ward. Linneus, Mo. (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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jany 12, 1848

7. AGE: Years 91 | Months 2 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Sullivan County Missouri

FATHER

13. NAME: George Duffield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXXX Virginia

MOTHER

15. MAIDEN NAME: Mary Givens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXXX Virginia

17. INFORMANT (ADDRESS): Miss Maurine D. Woolf Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE: Haseville Cem. DATE: 3/18/1939, 19

19. UNDERTAKER (ADDRESS): Thorne Undertaking Co. Linneus, Missouri 456

20. FILED 3-20-, 1939 Donald H. Dowell, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/16/1939, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at 12:30 m. P.M.

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

Date of onset

Cerebral Myocarditis — 3-12-39

Sport. influenzal

Other contributory causes of importance:

Senility

Bronchopneumonia — 3-16-39

Name of operation: Date of

What test confirmed diagnosis? 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) , M. D.

(Address)

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.

WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD

District File Number 39-212

Date Filed MAR 6 1939