

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

22385
Do not use this space.

REC'D JUL 17 1939

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
 (b) Township GALENA Primary Registration District No. 2002 Registered No. _____
 (c) City JOPLIN (d) Street No. 2625 KENTUCKY 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. da.

2. PRINT FULL NAME ABRAHAM DUFF

(a) Residence, No. 2625 Kentucky 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-9-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TEAMSTER
 9. Industry or business in which work was done, as saw mill, bank, etc. CITY ST. DEPT
 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) SARCOXIE MISSOURI

FATHER 13. NAME WASHINGTON DUFF

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME KATIE FISHER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. Alice Seibold Nechot Stapleton, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST PARK CONATE 6-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HURBUT UND CO 212 Joplin St. Joplin, Mo.

20. FILED 6-14-39 Ed J. Jensen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12-39 19

I HEREBY CERTIFY, that I attended deceased from June 8, 1939, to June 9, 1939
 I last saw him alive on June 9, 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cupressina
Septicemia
enteric body
 Other contributory causes of importance:
Evidence of the
enteric body

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

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) Ed J. Jensen (Address) 2530 Main St. Joplin, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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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RECEIVED

District Health Officer No. 6,

District Number 739-1390

Date Filed JUL 16 1939

RECORDED
INDEXED
JUL 16 1939

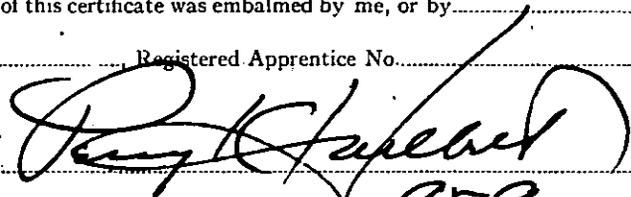
STATEMENT BY LICENSED EMBALMER

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. 959

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.