NOV 24 1939

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

36046
Do not use this space.

1. PLACE OF DEATH
(a) County Green 1 Registration District No. 316
(b) Township Primary Registration District No. 4191 Registered No.
(c) City Ash Grove (d) Street No. 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. ds.

2. PRINT FULL NAME 10-0 Daniel Paris Duffy
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Annie Eliza Duffy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1857
7. AGE YEARS 82 MONTHS 9 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Virginia 1

FATHER
13. NAME Nicolas Duffy 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

MOTHER
15. MAIDEN NAME Menerva Shufflebager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Waldo Duffy So. Greenfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Weir Cemetery DATE 10/21/39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fugua & Harrison Greenfield Mo
20. FILED Oct 21 1939 Mrs Leonard Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/21/1939

22. I HEREBY CERTIFY, That I attended deceased from October, 1939, to Oct 19, 1939
I last saw him alive on Oct 19th, 1939: Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia with its Toxaemia & Pulmonary Edema	
This was preceded by a Tuleraemia infection from a tick bite.	

Other contributory causes of importance:

44 2

Name of operation None. Date of
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) Charles H. McHaffie, M. D.
(Address) Ash Grove, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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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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, myself, or by

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

Signed L L Dunwiddie

Licensed Embalmer No. 3786

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.