AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25856

Registration District No. 609 Primary Registration District No. 4343 Registrar's No. 93

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 135 SOUTH HIGH. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO (If outside city or town limits, write "RURAL")

(d) Street No. 135 South High (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Alexander Wallace Duff

3. (b) If veteran, name war ..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife Kate HARLAN Duff 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased AUG (Month) 14 (Day) 1853 (Year)

8. AGE: Years 86 Months 11 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace LINCOLN COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation BANKER

11. Industry or business Chairman of Board

FATHER
12. Name ABRAM DUFF
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Zilvphia Ann WILSON
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [signature]
(b) Address NEOSHO MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 1 1940 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director [signature]
(b) Address NEOSHO MISSOURI

19. (a) 8-2-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 30 year 1940 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 18, 1940 to July 30, 1940 that I last saw him alive on July 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic interstitial nephritis

Due to none

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 543 (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Neosho, Mo. Date signed 8/2

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6
District File Number 840-2497
Date Filed AUG 20 1940

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 Donald Rea, Registered Apprentice No. 202 working under my personal supervision.

Signed J. A. Bigham

Licensed Embalmer No. 2689

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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