

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.

17630-1

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

Do not use this space.

17630-A

1. PLACE OF DEATH

County Jay
 Township Madison
 City St. Louis (No. 1)

Registration District No. 465
 Primary Registration District No. 2-620B

File No. 17630-A
 Registered No. 9
 St. 1 Ward 1

2. FULL NAME

Katy Duffer

(a) Residence. No. 1 St. 1 Ward 1
 (Usual place of abode)

(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

Female

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 1927

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>8</u>	<u>11</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) mo (STATE OR COUNTRY)

10. NAME OF FATHER Harry Duffer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Velcy Pangborn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) mo (STATE OR COUNTRY)

14. INFORMANT J. E. Delano (Address) Hodge mo

15. FILED Aug 1, 1928 Geo. B. Williamson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1928

17. I HEREBY CERTIFY, That I attended deceased from May 15 10 17, 1928, to May 17, 1928 that I last saw her alive on May 17, 1928, and that death occurred, on the date stated above, at 10:10 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broken Down
11A
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Engulfed
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? mo (IF NOT AT PLACE OF DEATH)

19. WAS THERE AN AUTOPSY?
 (Did an operation precede death.) DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. S. Horwood, M. D.
 , 19 (Address) Dover mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

MT Hope

DATE OF BURIAL

5/18- 1928

20. UNDERTAKER

Ellis Bros.

ADDRESS

Carrollton mo

