

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.

APR 23 1930

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

Do not use this space.

7761

1. PLACE OF DEATH
County Buchanan Registration District No. 1001
Township _____ Primary Registration District No. _____
City St. Joseph, Mo. (No. Missouri Methodist)

File No. _____
Registered No. 303
St. _____ Ward _____

2. FULL NAME Elbyd Duty
(a) Residence No. _____ St. _____ Ward Halls, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>9</u>	<u>8</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Halls, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel Duty

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

12. MAIDEN NAME OF MOTHER Mc Coy

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1930 to Mar 9 1930, that I last saw him alive on Mar 9 1930 and that death occurred, on the date stated above, at 4:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
108 Sober Pneumonia
82A
85 (duration) yrs. mos. 4 ds.
Cerebral Hemorrhage
CONTRIBUTORY (SECONDARY) Epilepsy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Halls, Mo.
NOT AT PLACE OF DEATH.
HAD AN OPERATION PRECEDING DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) W. H. Stolley, M. D.
Mar 14 1930 (Address) 822 Edmond, St. Joseph, 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 Courlin Cemetery, Halls, Mo. DATE OF BURIAL March 12 1930

20. UNDERTAKER Sleeman Funeral Home ADDRESS 1946 Paulhorn

14. INFORMANT Mrs. Floyd Duty
Address Halls, Missouri

15. FILED 10 1930
John S. W.
REGISTRAR

