

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.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis (No. City Hospital)

42953
File No. 12880
Registered No. 12880
St. Ward)

2. FULL NAME Albert D. Duffee
(a) Residence, No. 758 No. Chickland St. 12 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30th, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28th, 1931, to Dec. 30th, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27-1858

I last saw him alive on Dec. 13th, 1931 Death is said to have occurred on the date stated above, at 10.40am

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 | 7 | 6

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Chronic hypocarditis
93C
97 93C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Joseph Duffee

Name of operation None Date of

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

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

15. MAIDEN NAME Sarah Mc Gill

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Hospital information

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bhawalemie Hall DATE 1-1-32

Manner of injury

19. UNDERTAKER (ADDRESS) M. S. Laughlin

Nature of injury

20. FILED DEC 31 1931

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. S. Laughlin M. D.

(Address) City Hospital

Registrar.

11/11/11