

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

Do not use this space.

**3049**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 6000  
 City St Louis (No. 1804 N Jefferson Ave) St. .... Ward)

**2. FULL NAME**

William H Duly  
 (a) Residence, No. 1804 N. Jefferson, ..... 20 Ward.  
 (Usual place of abode)  
 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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1880 -

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
52 0 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 73

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) Missouri 1

13. NAME Michael Duly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

15. MAIDEN NAME Susan O'Donnell

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

17. INFORMANT Mrs Ida Duly (ADDRESS) 1804 N Jefferson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabony Cemetery DATE 1-26-1930

19. UNDERTAKER Arthur J Donnelly (ADDRESS) 2039 Wash St

20. FILED JAN 25 1930 Registrar. W. H. Duly

*No Physician Attended*  
**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1930

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Mitral Insufficiency Date of onset

Other contributory causes of importance:  
73  
73  
73

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes

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?.....  
 If so, specify.....

(Signed) W. H. Duly Registrar. W. H. Duly (Address) 1804 N. Jefferson Ave

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.

1875