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

3061
Do not use this space.

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.

1. PLACE OF DEATH
(a) County: Jasper — Registration District No.: 408
(b) Township: — Primary Registration District No.: 3020 — Registered No.:
(c) City: Carthage — (d) Street No.: 512 W. Central St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: William H. Duff 100
(a) Residence, No.: Route 1, Sarcoxie St. — Sarcoxie
(Usual place of abode, if no street address, write county or city) (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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Ada M. Williams Duff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 25, 1872

7. AGE — YEARS: 65 — MONTHS: 2 — DAYS: 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN): Sarcoxie 0
(STATE OR COUNTRY): Missouri 9

FATHER
13. NAME: Moses C. Duff 9
14. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN):
(STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs. Essie Dennison
(ADDRESS): Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sarcoxie Cemetery DATE: Jan. 26, 1938

19. FUNERAL DIRECTOR: Ulmer Funeral Home
(ADDRESS): Carthage, Missouri

20. FILED: Jan 26, 1938 W. M. Howard M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1938, to Jan 25, 1938
I last saw him alive on Jan 25, 1938. Death is said to have occurred on the date stated above, at 11:00am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza —	
Pneumonia	

Other contributory causes of importance:
Chronic — Myocardial degeneration

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy?

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) D. K. Condonnier, M. D.
(Address) Carthage Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Ed C. Ulmer, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Ed Ulmer

Licensed Embalmer No. 2222

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.)