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.

85

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Pulaski
Township Tavern
City ..... (No. ..... St. ..... Ward)

Registration District No. 716
Primary Registration District No. 5945

File No. 7885
Registered No. 3

2. FULL NAME William E. Dearduff 631
(a) Residence, No. ..... St., ... Ward.
(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: 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 Deborah Dearduff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1854

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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 ✓

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

FATHER
13. NAME Stephen S. Dearduff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Margaret Dearduff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Alpha Dearduff
(ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE Feb. 12, 1938

19. UNDERTAKER J. L. Hoops and Sons
(ADDRESS) Crocker, Mo.

20. FILED 2/11, 1938 N. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1938, to Feb. 11, 1938
I last saw h. ~~him~~ alive on Feb. 10, 1938. Death is said to have occurred on the date stated above, at 10:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1/31/38
DNR	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? no
If so, specify .....
(Signed) N. Lee, M. D.
(Address) 643 Crocker Mo