

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35001

1 PLACE OF DEATH

County Merced Co.
 Township Harrison
 or
 Village
 or
 City

Registration District No. 586
 Primary Registration District No. 5749

File No.
 Registered No. 1

(NO. 4, St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Simpson B. Duncan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
 4 COLOR OR RACE White
 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH Aug 26 1915
 (Month) (Day) (Year)

7 AGE 60
57 yrs. 11 mos. 26 ds.
 If LESS than 1 day.....hrs. or.....min.?

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

9 BIRTHPLACE
 (City or town, State or foreign country) Haven Co, Iowa

PARENTS
 10 NAME OF FATHER George W. Duncan
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana
 12 MAIDEN NAME OF MOTHER Mariah L. Smith
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) D. M. DUNN
 (Address) Mill Grove, Rt 2

15 Filed Oct 17 1916
Oct 25 1916
J. H. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 22 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 19 1915 to Aug 22 1915, that I last saw him alive on Aug 21 1915, and that death occurred, on the date stated above, at 79 m.

The CAUSE OF DEATH* was as follows:
Carcinoma (Gastric)
Chronic diarrhea

40 (Duration) 2 yrs. 2 mos. 26 ds.
 CONTRIBUTORY Enteric Colitis
 (Secondary) (Duration) 2 yrs. 2 mos. 26 ds.

(Signed) A. G. Beale M. D.
Aug 19 1916 (Address) Madison

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
 Where was disease contracted if not at place of death?
 Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Hanilton Cemetery DATE OF BURIAL 8 23 1915

20 UNDERTAKER W. H. Duwell ADDRESS Mrs. Mariah SMO

