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

Do not use this space.

26873

1. PLACE OF DEATH

County: DeKalb — Registration District No. 263 — File No. 8

Township: Adams — Primary Registration District No. 5366 — Registered No. 8

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Emma Belle Duncan.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fem.	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph W. Duncan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 8th 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	7	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: John T. Wigleworth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky.

12. MAIDEN NAME OF MOTHER: Mariah Norman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky.

14. INFORMANT: Joseph W. Duncan
(Address): Weatherby, Mo.

15. FILED 10/8, 1927 J. F. Hedrick, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sep 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 4-10 1926, 1917, to Sept 30 1927, that I last saw h. alive on Sept 30 1927, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bright's Disease
Pernicious Malaria

131 (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Weak Heart
Yes Known (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Thomas H. Hedrick, M. D.

10-2, 1927 (Address) Weatherby Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Shambaugh. Cem. Adams Twp — DATE OF BURIAL: 10.3 27

20. UNDERTAKER: U. G. Pilcher — ADDRESS: Maysville.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.