

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

Do not use this space.

32726

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph

Registration District No. 35
Primary Registration District No. 1001
(No. Missouri Methodist Hospital)

File No.....
Registered No. 1111
St. Ward)

2. FULL NAME Ida May Duncan.

(a) Residence. No. St., Ward. Wilcox Missouri.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Clarence J. Duncan.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31, 1877.

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
50 5 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-wife.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Nodaway County
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER H. N. Kennedy.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nodaway County
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Lucy Ford.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nodaway County
(STATE OR COUNTRY) Missouri.

14. INFORMANT Clarence J. Duncan
(Address) Wilcox Missouri

15. FILED NOV 5 1927 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1927, to Nov. 4, 1927 that I last saw h. a. alive on Nov. 4, 1927, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism

1271A
92
Access to Gangrene of Spleen Bladder with
CONTRIBUTORY (SECONDARY) Regularly perforated
4
days

18. WHERE WAS DISEASE CONTRACTED Marville, Mo.
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 3-1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operative and
Chemical Examinations
(Signed) Charles [Signature], M. D.

Nov. 4, 1927 (Address) 731 Forum

*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 Maysville Missouri. DATE OF BURIAL Nov 4, 1927

20. UNDERTAKER M. O. Siler [Signature] ADDRESS 1802 Union St

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.

1927

