

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

Do not use this space.

Dr. John Anderson
33933

1. PLACE OF DEATH

County Warrenburg
City Warrenburg

Registration District No. 431
Primary Registration District No. 3023

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Dora Duncan St. Missouri 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. da. How long in U.S., if of foreign birth? _____ yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Pal 5. SINGLE, MARRIED, WIDOWED OR DIVORCED W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 0 75

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lafayette Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Lewis Duncan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dark Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lillie Green

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

14. INFORMANT Eddie Duncan
(Address) Warrenburg Mo.

15. FILED Nov 5 1927 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1927

17. I HEREBY CERTIFY That I attended deceased from Sept 28th, 1927, to Nov 17, 1927, and that I last saw her alive on Nov 17 30 A, 1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute pneumonia tuberculosis
23A
several months
(duration) _____ yrs. mos. da.

CONTRIBUTOR (SECONDARY) SI
(duration) _____ yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John T Anderson, M.D.

11-14, 1927 (Address) Warrenburg 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 Adam Cemetery DATE OF BURIAL 11/15 1927

20. UNDERTAKER Sweeney-Gore ADDRESS Warrenburg Mo.

EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE GIVEN EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1928

37

