MAR 16 1928

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

Do not use this space.

4128

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 1627 Jones, St. Ward)
File No.
Registered No. 227

2. FULL NAME Sarah Ann Duncan,
(a) Residence. No. 1827 Jones, 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. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Richard F. Duncan,
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 14, 1838
7. AGE: Years 89, Months 3, Days 7, If LESS than 1 day, hrs. or min.
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): Clay County, Missouri,

PARENTS
10. NAME OF FATHER: Sarah St. John,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Tennessee,
12. MAIDEN NAME OF MOTHER: Damia Faubian,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Tennessee,

14. INFORMANT: R. F. Duncan
(Address) 1827 Jones Street.
15. FILED 2/24 1928 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby. 21 1928
17. I HEREBY CERTIFY, That I attended deceased from Feby 13-1928, 19, to Feby 20, 1928, that I last saw her alive on Feby 18, 1928 and that death occurred, on the date stated above, at 7:20 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
130
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY): Unknown
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E B Reynolds, M. D.
Feby 20 1928 (Address) 602 N 23 St City

*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: St. Jo. Memorial Park Cem
DATE OF BURIAL: Feb. 23, 1928
20. UNDERTAKER: Heaton-BeGole & Bowman by J. H. Karle
ADDRESS: 319 S. 10 St. Funeral Home

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.